

1st Shepperton (St Nicholas) Scout Troop

Final Arrangements

A

Please retain this sheet until after the activity is over

Event Title	Summer Camp Buddens Dorset
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DROP-OFF / PICK-UP DETAILS

You will need to drop your child off at: The Scout HQ

(Please inform us as soon as possible if you think you may be late)

	day of week		day		month		year		hour	mins		.a/pm				
Date	Saturday	-	2	4	-	0	7	-	2	0	1	0	Time	08 : 00	-	a m
Date	Tuesday	-	2	7	-	0	7	-	2	0	1	0	Time	04 : 30	-	p m
Place	Scout HQ Grove Road Shepperton															

LEADERS / ADULTS ATTENDING

Name	Parents
David Parkinson	
David Caulder	
Geoff Lulham	
Justin Daltrey	
Carl Gabriel	
Ben Parkinson	
Helen Caulder	

HOME CONTACT

In the event of an emergency, or if we should need to contact several parents, this will be our / your method of contact

Name/s	David Fern
Address	45 Tanglyn Avenue Shepperton
Phone No.s	01932 244767 / 07802 827767

ADDITIONAL INFORMATION

PLEASE KEEP THIS FOR YOUR INFORMATION AND RETURN FORM B

This form must be returned to David Parkinson with balance of money by Tuesday 20th July

1st Shepperton (St Nicholas) Scout Troop

Return Form: B

GENERAL INFORMATION

B

Name of Child	
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It is extremely important that all parts of this form are completed as accurately as possible.

Event Title	Summer Camp Buddens
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Dates	Day of the Week	Day	Month	Year					
					From	Saturday	2	4	0
To	Tuesday	2	7	0	7	2	0	1	0

Venue	Buddens Scout Activity Camp Site, Puddletown, Wareham, Dorset, BH20 7NU
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PARENTAL CONSENT

I hereby give permission for my child (named above) to attend this Scouting Activity. I have read the information sheet / spoken to the leaders and give permission for my child to take part

Parent / Carer's Signature		Date	
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NEXT OF KIN

Name/s	
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Address	
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Phone No.s	
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OTHER INFORMATION

Please state any other information which may be helpful to the leaders/event organisers

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