

## Camp Leader's details

Name
Address
Postcode

Full telephone number
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Adventurous activity authorisation held
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Scout appointment
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## Site/activity base details

Name of owner
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Address of site
Postcode

Owner's telephone
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Ordnance Survey map sheet number
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Map reference ( <i>site</i> )
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Map reference ( <i>access</i> )
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Directions to site from road
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Address/type of alternative accommodation available
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## Expected numbers in camp

	Male	Female
Beaver Scouts	<input type="text"/>	<input type="text"/>
Cub Scouts	<input type="text"/>	<input type="text"/>
Scouts	<input type="text"/>	<input type="text"/>
Venture Scouts	<input type="text"/>	<input type="text"/>
Leaders	<input type="text"/>	<input type="text"/>
Other Adults	<input type="text"/>	<input type="text"/>
Others under 18	<input type="text"/>	<input type="text"/>

## List of key camp staff/activity leaders

<b>1</b> Name
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Scout appointment
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Activity authorisation held
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<b>2</b> Name
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Scout appointment
-------------------

Activity authorisation held
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<b>3</b> Name
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Scout appointment
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Activity authorisation held
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If necessary, please continue this information on a second sheet

## Transport/vehicles

Main transport
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Registration number (if known)
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**Note:** The Scout Association is able to grant a Certificate to land owners to permit up to five touring caravans, dormobiles and similar vehicles being used for Scouting activities, to be stationed on their land, without the owner obtaining the consent of the Local Planning Authority.

Applications for Caravan Exemption Certificate should be sent to: The Secretary's Department, The Scout Association, Gilwell Park, Chingford, London E4 7QW – Tel. 020 8433 7100 Fax. 020 8433 7103 and should state the name and address of the land owner, the address or situation of the land and the dates of the camp.

## Home contact

(must be available during the camp)

Name
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Address
Postcode

Telephone <i>day</i>
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Telephone <i>night</i>
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**I (Camp Leader) confirm that:** Tick box to confirm

- i) I have visited and inspected the accommodation/site area and found it satisfactory
- ii) I will obtain a parent's written permission for each member (under 18 years) attending the camp

(Continue overleaf)



Form PC (CS)

RETURN SLIP

## Cub Camp, Pack Holiday or Family Camp

**1** Host District Commissioner to complete this section

Name
------

Address
Postcode

Full telephone number
-----------------------

I acknowledge receipt of your form PC (CS) and your outline programme for the Camp to take place in my District.

from	to
------	----

Tick box where appropriate

I am satisfied with your arrangements

My comments are enclosed

I enclose further details of the site and surrounding area

Local advice is available from
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Signature
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Date
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I look forward to visiting your camp.

**What you should do now.**

Return this portion immediately to the Camp Leader.

- iii) I am conversant with and accept The Scout Association's current rules as in Policy, Organisation and Rules and the literature relating to camping and adventurous activities
- iv) I have attached an outline programme of our main activities
- v) I hold a Pack Holiday Certificate with camping endorsement (if appropriate) or have completed Leadership Part One Training for Cub Scout Leaders

Signature

Date

Dates/times when a camp visit is not suitable:

### What you should do now

Once you have completed this section of the form, attach a cheque/postal order to the value of £3.00 made payable to '(Name of County) County Scout Council' together with your outline programme and a stamped self-addressed envelope (where a resident warden is in attendance this fee may be deducted from the final fee), and pass the form on to your Group Scout Leader and District Commissioner from completion.

### 2 Group Scout Leader to complete this section

I confirm the above details and am satisfied with the knowledge, skills and attitudes of those going camping.

Signature

Date

### 3 Home District Commissioner to complete this section Tick box to confirm

- i) I approve this application
- ii) I have consulted the booklet *Prohibited and Restricted Camping Areas* and the location seems suitable
- iii) I am satisfied with the knowledge, skills and attitude of those leading the camp
- iv) I am satisfied that rules relating to camping and adventurous activities in Policy, Organisation and Rules are understood
- v) I have examined the outline programme and am satisfied that the adventurous activities will be supervised by appropriately authorised personnel

Name

Address

Postcode

Full telephone number

Signature

Date

Now send this form to the Host County Secretary, Camping Secretary or Scout Camp Warden as appropriate.

### 4 Host County Secretary/ Camping Secretary

This form should be passed immediately to the District Commissioner in whose District the camp is to take place.



### Form PC (CS)

### Application to hold a Cub Camp, Pack Holiday or a Family Camp

#### Who needs to complete this form?

This form should be completed by the camp/holiday leader, the Group Scout Leader, the Home District Commissioner and the Host District Commissioner for all Cub Scout camps, Pack Holidays and Family Camps. Completed forms should be sent to Home District Commissioner at least two months before the camp is due to take place.

#### Why you should complete this form

- i) It enables the Scout Movement to qualify for exemption from certain legislation governing camping.
- ii) By a visit from the Host District Commissioner (or nominee) The Scout Movement is able to maintain a high standard of Cub Scout camping, Pack Holidays and Family Camps.
- iii) It establishes a personal contact for local support in the area of the camp.

All parts of the form should be completed in BLOCK CAPITALS.

Pack/Group name

Colour of scarf

Scout District

Scout County/Area

Dates of camp  
from  to