



# One Day Activity

This part is to be retained by the parent/guardian. The lower part of this form should be completed by the parent/guardian and returned to the Section Leader by the date shown.

|  |  |                         |  |
|--|--|-------------------------|--|
| Section  | Cubs   |                         |  |
| Planned activity   | Sixers Camp                                  |                         |  |
| Date   | 9 September 2006                             | Location                | Chigwell Row Guide Campsite                |
| Meet at (location)   | Chigwell Row Guide Campsite, nr Chigwell Row | Time                    | 6 am/pm                                    |
| Collect from (location)  | Chigwell Row Guide Campsite                  | Time                    | 10:30 am/pm                                |
| Cost   | £ 0  | Cheques made payable to | required by                                |
| Transport arrangements   | Please bring/wear...                         |                         |  |
| Group to arrange own transport   | Scruff gear for wide game                    |                         |  |
| Additional information   |  |                         |  |
| Parents can come at 10 p.m. if they want to and we will give them a cup of tea and a slice of cake while they wait for their child   |  |                         |  |
| Leader   | Rosemary Oakwell                             | Telephone               | 02085950292                                |
| Home Contact   |  | Telephone               |  |
|  |  | Mobile                  |  |
| ✂ -----  |  |                         |  |
| Please return by   | 4/9/2006                                     | in an envelope marked   | District Quiz Permission Form (with group) |
| Name of young person   |  |                         |  |
| Please state if the named young person has a disability or condition which might be affected by this activity<br>For example hayfever, travel sickness, food allergies, asthma, etc. |  |                         |  |
|  |  |                         |  |
| Please indicate details of any medical treatment she/he is having at the moment  |  |                         |  |
|  |  |                         |  |
| Telephone  |  | Mobile                  |  |
| I enclose the cost of the activity £ <input type="text"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> (please indicate by ✓)                                       |  |                         |  |
| I have noted the arrangements above and agree to the named young person taking part in activity.   |  |                         |  |
| Signed   |  | Date                    |  |
| Relationship to young person   |  |                         |  |