



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	Cub Quiz (at Sixers Camp)		
Date	20 October 2007	Location	Hargreaves Scout Campsite
Meet at (location)	Hargreaves Scout Camp, Hainault Road, Little Heath	Time	6 am/pm
Collect from (location)	Hargreaves Scout Camp	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	15/10/2007	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 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			