

# CUB SCOUT APPLICATION TO CAMP OR RUN A PACK HOLIDAY

Please complete and return with a copy of your programme to your P.A. or, where applicable, National Office.



Group \_\_\_\_\_ District \_\_\_\_\_  
 Dates of Camp \_\_\_\_\_ Transport available on Site \_\_\_\_\_  
 Camp Address \_\_\_\_\_ Tel of Camp. \_\_\_\_\_  
 \_\_\_\_\_

Leader in Charge: Have you organised a Camp/Holiday before? \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Names of other Leaders and Helpers:**

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Where applicable, please confirm attendance of the following:

	Name
Pack Holiday Cert. Holder	_____
Swimming Cert. Holder	_____
First Aid Cert. Holder	_____

Number of Cub Scouts \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age Range \_\_\_\_\_

Do you intend to sleep under Canvas? \_\_\_\_\_  
 Is there indoor accommodation available? \_\_\_\_\_

**I undertake that:**

- The Camp will conform to Cub Camp Rules as set out by the Scout Association of Ireland.
- Rules for bathing and boating, safety on the hills and mountains will be observed.

Signed Leader in Charge



I/We permit the above Cub Scout Pack to go on Camp/Pack Holiday

Group Leader \_\_\_\_\_ Date \_\_\_\_\_

District Programme Advisor \_\_\_\_\_ Date \_\_\_\_\_

**NB:** One copy of this form should be retained in the District. The duplicate should be sent to the appropriate authority where the camp is to take place. For camps outside Ireland (including Northern Ireland) the copy should be sent to: National Cub Team, Morrison Chambers 32 Nassau St. Dublin 2. Tel:01-671 1244 FAX 01-671 1002