Activity overview

|  |  |  |
| --- | --- | --- |
| Date/s of Activity |  | End Date: |
| Activity Location |  | |
| Activity Name & Description |  | |

Your District, Group and Section details

|  |  |
| --- | --- |
| District | Boston |
| Group |  |
| Section |  |

Activity details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Numbers attending State the number of people attending in each category | Squirrel Scouts | Beaver Scouts | Cub Scouts | Scouts | | Explorer Scouts | Scout Network | | Adult Volunteers |
|  |  |  |  | |  |  | |  |
| Leader |  | | | | | | | | |
| Leader’s email |  | | | | Leaders’ mobile | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Authorised Leader | Please state the name of the authorised leader and their contact details if this is different from above | | |
| Authorised Leaders email |  | Authorised leader’s telephone |  |
| In Touch Arrangements: Please list contact names and telephone numbers |  | | |
| Host DC name\* (where applicable) | Rob Johnson | Host DC telephone (where applicable) |  |

In submitting this form I confirm I have:-

* Conducted a Risk Assessment for this activity.
* Read the Rules of The Scouts relating to the proposed activity and confirm that, where required, an appropriately Authorised person is attending.
* Made the ADC/GSL (for Beaver, Cub or Scout activities), DESC (for Explorer activities), the CC (for Network) or SAS Manager (for SAS) is aware of this event.

|  |  |
| --- | --- |
| Signed:  Name of Person submitting the form + signature if in paper copy. |  |

**Please now submit direct to Rob Johnson (dc@bostonscouts.org.uk) along with your ADC and GSL / DESC**