



# Guide Camp Permit Assessment Application Form

Please submit this form to the appropriate County Adviser via your District Commissioner and Division Adviser, as soon as possible, preferably 6 weeks prior to the event.

Date of Proposed Assessment: \_\_\_\_\_

Name of Guide: \_\_\_\_\_

GGUK Registration No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Unit: \_\_\_\_\_

Division: \_\_\_\_\_ District: \_\_\_\_\_

Details of your camp: \_\_\_\_\_

Full address of site: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Location of site OS sheet: \_\_\_\_\_ Grid reference: \_\_\_\_\_

Names of Patrol Members (including GGUK Registration No.):

(Minimum 4, maximum 8 including yourself, if 2 have camped before, if not maximum 5)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unit Leader's signature \_\_\_\_\_ Date: \_\_\_\_\_

Unit Leader's contact email: \_\_\_\_\_

Division Outdoor Activities (Guides) Adviser's signature \_\_\_\_\_

Date: \_\_\_\_\_