Nights Away

Event Passport

This form is used to collect information about those participating in and responsible for this nights away event. This is to be used by the Scout Troop, Unit and District named only.

This information will assist with the event delivery and in the event of an emergency.

We do not share the personal data provided in this form with any third parties. It will be securely stored until the event is complete.

Name .....

Troop/Unit .....

District .....

Event .....

Scouts

Contact names and numbers

InTouch details

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Home DLV name and contact

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Venue

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Site owner's name

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Site owner's comments

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People taking part

Indicate anyone being issued with responsibility with an 'R' (this can be more than one young person)

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What we are planning to do

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When

From .....

To .....

Where

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Permit Holding Leader's agreement

I have:

- discussed with those named and am happy that they have the necessary knowledge and skill, and agree to the event taking place.
- discussed the arrangements for this event with participants' parents and they are satisfied with the supervision arrangements.

Signature ..... Date .....

Permit holder's details

Name .....

Role/Appointment .....

Telephone .....

Email .....