

Windsor & Eton District Scout Council



**THIS FORM TO BE COMPLETED
AND SIGNED BEFORE THE
ACTIVITY IS UNDERTAKEN**

**NOTIFICATION OF INTENDED
ACTIVITY REQUIRING
DC's APPROVAL**

GROUP:	SECTION:
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DATE OF ACTIVITY:	TIME:
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TYPE OF ACTIVITY:

LOCATION:	TERRAIN / CLASS OF WATER:
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PERSON(S) HOLDING AUTHORISATIONS

ACTIVITY LEADER	
NAME:	AUTHORISATION
_____	_____
NAME:	AUTHORISATION
_____	_____
NAME:	AUTHORISATION
_____	_____
NAME:	AUTHORISATION
_____	_____
NAME:	AUTHORISATION
_____	_____

For "OUT OF DISTRICT PERSONNEL" Please attach photocopy of authorisation.
Please add more sheets if necessary.

ADVICE OF DISTRICT / COUNTY ADVISER SOUGHT	YES / NO	Initial
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APPROVAL OF GROUP SCOUT LEADER	Signature	Date
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APPROVAL OF DISTRICT COMMISSIONER	Signature	Date
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PLEASE NOTE: P.O.R. Chapters 7,8 & 9 apply at all times.