

## Camp / Holiday / Residential Notification

FORM CHN - March 2007

This form MUST be completed for all Camps / Holidays / Residential's and returned to the appropriate regional headquarters as follows: - one or more nights duration - at least 14 days in advance;

- more than two nights at least four weeks (28 days) in advance.
- for international visits at least 3 months in advance.

Please Note: It is a requirement that the Officer leading a camp or holiday of any duration, involving at least one overnight stay, must hold a valid Holiday Leadership Certificate.

Confirmation of receipt of this notification will be sent to the Officer listed below as leading the Camp / Holiday / Residential.

Company / Battalion / Di	istrict Details			
Camp / Holiday is being run by:	Company	Joint Company	Battalion	District
Company(ies) or Battalion or District	t taking part:		_	
Camp / Holiday is being run for:	Junior Section	Company Section	Seniors	Amicus
Camp / Holiday / Reside	ntial Location D	etails		
Location Name:			Location Telephon	e:
Location Address (including full postcode if known):			Grid Reference (if known) & any other details:	
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Camp / Holiday / Reside	ential Details			
Type of Camp / Holiday:	Canvas Camp	Indoor	Abroad	
Date from:	Date to:		Number of Nights:	
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Number of Leaders:	_	Number of Young	g People:	
Male: Fema	ale:	Male:	Female:	
Leader Details				
Name of Officer leading Camp / Ho	liday (MUST hold a Holi	day Leadership Certificate	e): Leader Registratio	n Number:
Email Address:				ceipt of this notification will be sent to the
			Officer listed as leading t	the Camp / Holiday / Residential.
Name of Leader holding Camp Cra	ft Certificate (Applicable	to Canvas Camps only):	Leader Registratio	n Number:
Approval				
ALL Camps / Holiday MUST have t	he approval of the Com	pany Captain (for Compar	ny) or Secretary (for Ba	ttalion/District).
I confirm: - that the above informa	tion is correct and that a	any changes will be notifie	ed to the appropriate Re	egional Headquarters.
		p / Holiday are registered by the supervision and supervision of		
Signed by Company Captain or B	attalion/District Secre	tary:	Name:	
			Date:	
THIS FORM MUST BE SENT TO YOUR REGIONAL HEADQUARTERS			D D M	MIYIY

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