

Scouts Australia

NSW Branch

APPLICATION FOR PERMISSION TO CONDUCT A MOB HOLIDAY, FAMILY CAMP OR SLEEPOVER
Must be completed for all Mob Holidays, Family Camps & Sleepovers

(To be sent by the LEADER IN CHARGE OF THE MOB EVENT to the Region Commissioner Joey Scouts or his/her designate at least 31 days before Activity begins).

GROUP: _____

LEADER IN CHARGE OF MOB: _____

ADDRESS: _____

CURRENT APPOINTMENT: _____

PHONE: _____ EMAIL: _____

NUMBER OF CERTIFICATE of ADULT LEADERSHIP ATTENDING: _____

NUMBER OF ASSOCIATE/TRAINEE/PARENT HELPERS ATTENDING: _____

NUMBER OF YOUTH HELPERS ATTENDING: _____

NUMBER OF JOEY SCOUTS ATTENDING: _____

DESIGNATED FIRST AIDER: _____

NAME AND LOCATION OF EVENT: _____

DATE OF EVENT from _____ am/pm Date _____
To _____ am/pm Date _____

I have read and agree to comply with the MOB HOLIDAY POLICY and all other appropriate policies pertaining to this event:

Date _____ Signed Leader in Charge of Event _____

Group Leader Endorsement: _____

Copies to be sent to District Commissioner, District Leader.

One copy, together with menu, wet and dry programs to be sent to Region Commissioner Joey Scouts or his/her designate for approval:

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MOB HOLIDAY, FAMILY CAMP, SLEEPOVER PERMIT

(To be returned, when endorsed, to leader in charge of Event)

GROUP: _____ DATE: _____

LEADER IN CHARGE: _____

DATE OF PROPOSED EVENT: _____

RCJS APPROVAL: _____

EVENT WILL/NOT BE VISITED BY: _____ Date: _____