



APPLICATION FOR APPROVAL TO CAMP OR TRAVEL INTERSTATE

Form: C2
Issue: 03
Date: 09/05

BOTH SIDES OF THIS FORM MUST BE COMPLETED

1. Group: _____

District: _____ Region: _____

2. Leader-in-Charge of the party:

Name: _____ Appointment: _____

Address: _____

Post Code: _____ Phone: (____) _____

3. Other adult Leaders within the party:

Name: _____ Appointment: _____

Name: _____ Appointment: _____

4. Number of persons in the party:

Joey Scouts Cub Scouts Scouts Venturer Scouts Rovers Adult Leaders TOTAL IN PARTY

5. Interstate point of Arrival and Departure:

Arrival Point: _____ Method of Travel: _____

Day and Date: _____ Expected Time: _____ am/pm

Departure Point: _____ Method of Travel: _____

Day and Date: _____ Expected Time: _____ am/pm

6. Itinerary Details – as detailed on the reverse of this form.

7. Method of travel during the visit: _____

8. Details of accommodation desired during the visit (if required):

Location(s): _____ Date(s): _____

9. Signed (Leader-in-Charge): _____ Date: _____

APPLICATION SUPPORTED BY: (Signatures)

Group: _____ Appointment: _____ Date: _____

District: _____ Appointment: _____ Date: _____

Region: _____ Appointment: _____ Date: _____

APPROVAL GIVEN BY QUEENSLAND BRANCH HEADQUARTERS

STATE EXECUTIVE OFFICER

DATE

FOR STATE EXECUTIVE OFFICER

DATE

