

Explorer Camp 13th – 15th July 2018

Stanford Campsite
Old Brighton Rd N, Pease Pottage, Crawley RH11 9AJ

Objective

The purpose of the camp is to give the Explorers' the opportunity to spend 2 nights away under canvas, develop their camping skills and grow as a unit. The activity will also contribute towards the attainment of the Camper and Nights Away badges.

Activities will include:

- Clay pigeon shooting
- Hiking
- Camp fire building and lighting
- Indoor climbing



The costs for the event are being subsidised by the unit, and so the charge will only be £35 per Explorer.



The leader in charge is Tim Winter, Explorer Scout Leader
tel: 07966 488573.

Timing

The Explorers will need to meet at Stanford campsite at 7:30pm on Friday 13th July. Pick up will be at the entrance to the lane to Stanford at 12 noon on Sunday 15th July.

Explorer Kit List

- Sleeping bag
- Sleeping mat
- Torch
- Wash kit
- Change of clothes
- Towel
- Warm outer clothing
- Hat & gloves
- Hiking boots
- Trainers
- Plate, bowl, cup, knife, fork, spoon.
- Water bottle
- Day rucksack
- Waterproof jacket and trouser
- Explorer neckerchief

Permission Form

I give permission for: _____ to attend the Explorer Camp on 13th –
15th July 2018 at Stanford Campsite.

I have enclosed the fee of £35

I have transferred £35 to the Shackleton bank account (account number 73736699 sort code 09-01-27) with a reference of “[insert explorer name] July Camp”

(tick appropriate box).

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity or diet:

Details of any infectious diseases he/she has been in contact with in the last three weeks:

(This will not necessarily stop anyone going on camp, but will be useful later if a young person falls ill during or after camp).

Please list any medicine and dosage being taken

(I understand that participants will be expected to take charge of their own medical arrangements).

Doctor's Name / Surgery and Contact details



Emergency Contact

During the event my address/phone will be.

Clay Pigeon Shooting - Parent or Guardian's consent

I, being the parent/guardian of the young person named above, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have been sentenced to a term of imprisonment or youth custody) and give permission for him/her to take part in the activities identified above.

Signed _____ (Parent/guardian) Date _____