



APPLICATION FOR APPROVAL TO CAMP OR TRAVEL INTERSTATE

Form: C2
Issue: 06
Date: 03/14

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: (____) _____ Email: _____
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:

GROUP:	<i>Name</i>	<i>Signature</i>	<i>Appointment</i>	<i>Date</i>
DISTRICT:	<i>Name</i>	<i>Signature</i>	<i>Appointment</i>	<i>Date</i>
REGION:	<i>Name</i>	<i>Signature</i>	<i>Appointment</i>	<i>Date</i>

APPROVAL GIVEN BY THE CHIEF COMMISSIONER:

_____ *Chief Commissioner* _____ *Date*

APPROVAL GIVEN BY STATE TO BE VISITED:

_____ *Authorising Officer* _____ *Date*

