



**CLCGB**

*Your journey starts here...*

## Application for Permission to run

### A Camp/Holiday/Sleepover

**Before completing this form please ensure you have read the Camps, Holidays & Sleepover Policy.**

#### Camp Details

Name of company(s)/formation(s)			
Company/Formation Number(s)			
Date of Event		to	
Full postal Address of venue			
Post Code			
Emergency Contact 1 (name & Number)			
Emergency Contact 2 (name & number)			
Sleepover, Residential or under canvass			
Home Contact (name & Number) (must not be related to anyone on camp, holiday or sleepover)			

#### Staff Details

**Key roles (indicate if each have TGA including Sleepover, DBS, Safeguarding, First Aid, Food Hygiene)**

Role	Name	BMS No:	TGA 1	TGA 2	TGA SO	DBS	SG	FA	FH
OIC									
2IC									
Adjutant									
CSM									
First Aider Officer									
Catering Officer									
Safeguarding Officer									





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Participant Details (please list all participant's names on the additional blank page of this document)

Category	Number of Males	Number of females
Martins		
Y-Team		
JTC		
Seniors		
Officers/Leaders		
Staff		

### Additional Officers/Leaders/Helpers

Name	BMS Number	DBS	SG	TGA 1	TGA 2	TGA SO
e.g Richard Oliver	33609	✓	✓	✓		✓
<b>Role</b> e.g Tent supervisor						
<b>Role</b>						
<b>Role</b>						
<b>Role</b>						
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