

GIRLGUIDING BUCKINGHAMSHIRE

APPLICATION AND RECOMMENDATION FORM FOR SENIOR SECTION OVERNIGHT / CAMP PERMIT



NAME:	DOB:
MEMBERSHIP NUMBER:	
ADDRESS:	
TELEPHONE NUMBER:	EMAIL:
UNIT:	DISTRICT:
DIVISION:	
DATE OF EVENT:	
SITE ADDRESS (please attach directions):	
TOTAL NUMBER OF CAMPERS (INCLUDING YOURSELF):	
DATE / DETAILS OF TRAINING RECEIVED (if any):	
SIGNATURE OF APPLICANT:	DATE:
RECOMMENDATION: We recommend _____ as a candidate for the Senior Section _____ Permit and confirm that she has gained the knowledge and experience to carry out the assessment. SIGNED: _____ UNIT LEADER _____ DISTRICT COMMISSIONER _____ DIVISION RESIDENTIAL ADVISER	

Please return this completed Form by post or email to:

Ms Alison Leah, Silverdale, 68 Dukes Wood Drive, Gerrards Cross, Bucks. SL9 7LF
bucksguidesra@yahoo.co.uk
County Residential Adviser (Guides and Senior Section)