

C2 – CAMP RETURN FORM



1. Complete form and send to your Regional Outdoor Advisor within 7 days after the camp.
2. Regional Outdoor Advisor to send copy to National Outdoor Committee within 14 days after the camp.

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|--|-------------------------------|--|-------------------------------|------------------------------------|
| PART 1 - TYPE OF CAMP (Please tick the appropriate block) | | | | |
| Pack Holiday | <input type="checkbox"/> | Guide/Ranger Residential Camp | <input type="checkbox"/> | |
| Guide Outdoor Camp | <input type="checkbox"/> | Ranger Outdoor Camp | <input type="checkbox"/> | |
| Lightweight Camp | <input type="checkbox"/> | NAME OF UNIT: | | |
| Date camp began: | | Date camp ended: | | |
| Venue of camp: | | | | |
| Rate campsite: | <input type="checkbox"/> POOR | <input type="checkbox"/> ACCEPTABLE | <input type="checkbox"/> GOOD | <input type="checkbox"/> EXCELLENT |
| Name of Camping Qualification Holder: | | | | |
| Camping Qualification: | Brownie Residential | <input type="checkbox"/> | Guide/Ranger Residential | <input type="checkbox"/> |
| | Guide/Ranger Outdoor | <input type="checkbox"/> | Lightweight Camping | <input type="checkbox"/> |
| | Ranger Camp Permit | <input type="checkbox"/> | | |
| PART 2 - STAFF AT CAMP | | PART 3 - SUMMARY | | |
| NAME & SURNAME | | FILL IN THE NUMBER WHO CAMPED AT THIS CAMP | | |
| Guider-in-charge | | Guiders | | |
| Caterer | | Rangers | | |
| Health Officer | | Guides | | |
| Others: | 1. | Brownies | | |
| | 2. | Teddies | | |
| | 3. | TOTAL | | |
| SIGNATURE OF GUIDER-IN-CHARGE | | DATE: | | |

| | NAME AND SURNAME OF CAMPER | ID NUMBER | RANK AT CAMP (Patrol Leader/2 nd /etc) | FIRST CAMP? | |
|----|----------------------------|-----------|---|-------------|----|
| | | | | YES | NO |
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| | NAME AND SURNAME OF CAMPER | ID NUMBER | RANK AT CAMP (Patrol Leader/2 nd /etc) | FIRST CAMP? | |
|----|-------------------------------|-----------|--|-------------|----|
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