



THE *scout* ASSOCIATION  
OF MALTA

## **IHQ Form: 6.**

### **Section A.**

Name of Group: \_\_\_\_\_

Dates of Camp: From: \_\_\_\_\_ To: \_\_\_\_\_

Campsite: Place: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Nearest Telephone (if available) \_\_\_\_\_

### **Section B.**

1. Program: A copy of the tentative Camp Program is to be attached.
2. Joint Activities: If any joint activity is to be held, please fill in the following:-

Names of Group/s: \_\_\_\_\_

Type of Activities: \_\_\_\_\_

### **Section C.**

Probable number of uniformed members attending:

Venture Scouts: \_\_\_\_\_ Section Leaders: \_\_\_\_\_

Scouts: \_\_\_\_\_ Section Leaders: \_\_\_\_\_

Cub Scouts: \_\_\_\_\_ Section Leaders: \_\_\_\_\_

Other Leaders: \_\_\_\_\_

**Section D.**

Authorisation.

1. I, hereby, approve of this camp and assume full responsibility:

\_\_\_\_\_  
GROUP SCOUT LEADERS

\_\_\_\_\_  
DATE:

2. I approve of this Camp to be held at the above dates and place.

\_\_\_\_\_  
DISTRICT COMMISSIONER.

\_\_\_\_\_  
DATE.

**Section E.**

**Remarks by visiting Commissioner/s:** (to be filled after camp or reports to be forwarded to IHQ and Group)