

Send completed form to:

Church address

Phone:

Email: (Church Clerk)

## Church (name)

#### Seventh-day Adventist Church

Adventist Outdoor Activity Notification

To be sent to the Church Clerk and Chair of the Board one (1) week prior to the activity

The clerk and chair of the board must receive a copy of the **front** of the form ONLY

Contact person must receive a copy of both sides of this document

|  |  |  |  |
| --- | --- | --- | --- |
| Club Name:  Types of Activity: | | | Today’s Date |
| Church department for which the activity is conducted:  ❑ Pathfinders ❑ Adventurers ❑ Eager Beavers ❑ AYS  ❑ Other  (Please specify if "other") | | | Authority from Church Department / Local Church  ❑ Yes  ❑ No |
| Base / Emergency Person’s Name: ……………………………………………..  This person should notify the Police or agreed emergency personnel if not contacted by:  Time Day Date | | Mobile:  Home:  Work:  Email: | Parents or next of kin of party members have been given Contact details  ❑ Yes  ❑ No |
| Leader's name:  …………………………………………….. | Mobile:  Home:  Email: | *Relevant Qualifications e.g.:*   * Master Guide * Pathfinder Leadership Award |  |
| Assistant Leader’s name:  …………………………………………….  (Please attach extra page with further names if necessary) | Mobile:  Home:  Email: | *Relevant Qualifications e.g.:*   * Master Guide * Pathfinder Leadership Award |  |
| **Location of Activity**: | | | Date of Activity |
| ❑ Private Property ❑ Scout Campsite ❑Wilderness ❑Church Property ❑ Other  (Please specify if "other") | | | |
| **Objective of activity**  ❑ Recreational ❑ Pathfinder/Adventurer Requirement ❑ Honour/Award Requirement ❑ Educational  ❑ Training ❑ Other(Please specify if "other") | | | |
| If training indicate level of training being undertaken  ❑Instructor ❑Leader ❑Skills ❑ Other  (Please specify if "other") | | | Number of participants  **TOTAL …………………**  Adults ……………………….  Children/Youth ……………… |

* Verification of insurance required by land manager or other
* Risk Assessment Plan completed – copy attached

Please print name and address (of person filling in form) : …………………………………………………………………………………………..

Signed …………………………………………………………………………………………………

Phone number: ……………………………………………………………………………………………

E-mail: ……………………………………………………………………………………………

**This side for Contact Person and Leaders Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vehicles Utilised**  Registration Numbers   1. …………………………………………………….. 2. …………………………………………………….. 3. …………………………………………………….. 4. …………………………………………………….. 5. …………………………………………………….. | | | |
| **Intended Route**  Route plan to site and home set Yes ❑ No ❑  Site Address ……………………………………………………………………………………………………………………………………………..  Telephone Number …………………………………………………………………………… | | | Date In  Date/Time Due Out |
|  | | | |
| **Name of participants (young people/children)** | **(staff)** | Equipment (for example)   * Tents * Shelters * Kitchen Tent * Marquee Tent * Gas Bottles and Gas Burners * Varied Kitchen Utensils * Tables * Chairs/benches * Storage containers * Water bottles | |
| The party is fully equipped for days …………….❑ Food ❑ Clothing ❑Shelter ❑ Torch | | | |
| Ownership of equipment (tick which apply) ❑ Church ❑ Hired ❑ Private | | | |