

**DISTRICT EXPEDITION CHALLENGE — 20th & 21st May
2006
ENTRY FORM**

Please send completed forms to David Hagerty

TEAM NAME.....

Name DoB Age.....
Address

Name DoB Age.....
Address

Name DoB Age.....
Address

Name DoB Age.....
Address

I declare that the above are all competent and medically fit to take part in the event.

Signature Scout Leader
Name
Address (for correspondence).....
.....
Telephone number

Emergency contact number during the event
Team members may be changed up to 1 hour before the start of the event.