



**Scout and Explorer Scout Residential Experiences
NIGHTS AWAY AUTHORISATION**

Name _____
Troop / Unit _____
District _____
Event _____

Who is taking part? _____

What are we planning to do? _____

When? From _____ To _____ **Where?** _____

Leader's agreement I have discussed with (name) _____ the details of this event and am happy that he/she has the necessary knowledge and skill, and agree to the event taking place.

Signature _____ **Date** _____

Commissioner's authorisation I am happy that the above event should take place as stated in the above form.

Signature _____ **Date** _____

Home contact _____

Home D.C. _____

Venue _____