



# Crean Challenge 2024



## Declaration Form

|                               |  |
|-------------------------------|--|
| Scout Applicant Name          |  |
| Date of Birth                 |  |
| Scout Group                   |  |
| Scout County                  |  |
| Group Leader Name             |  |
| Group Leaders Email Address   |  |
| Section Leader Name           |  |
| Section Leaders Email Address |  |

I confirm that the applicant is a registered active member of the Scout Group

I confirm I am willing to facilitate the applicant in training and preparation for the event.

I confirm that the section leader has been informed of the scouts application.

This applicant would be suitable for the event because:

Group Leader Signature \_\_\_\_\_ Date \_\_\_\_\_