

Beaver's Name _____ Colony Name _____

Your Email Address _____

Home Address _____

Phone Number (01) _____ Mobile Contact Number _____

Medical information _____

Allergies (eg. Face Paint, dietary needs) _____

PLEASE RETURN THIS FORM, AND ANY MONEY TO EITHER

- A) YOUR BEAVER LEADER
- B) STEVENAGE SCOUT SHOP

THIS FORM IS ONLY VALID UNTIL 25th May 2013

Event	Total
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Beaver Community Week Challenge Day – 2nd June		
Child Place		£4.00

Above - Cheques Payable to “Stevenage District Scout Council”