SUSSEX SCOUTS	APPLICATION FORM		FOR OFFICE USE ONLY		
Scouts	ONE APPLICATION FORM IS REQUIRED FOR			Date Form R'ecd	
	EA	CH TEAM ENTERE	D	Date Pymnt R'ecd	
SERIAND HIT	CLOSING DA	TE SUNDAY 3rd M	ARCH 2024	Team No	
ALAND					
	-				
		County:		issex* (Delete as a	applicable)
		given if teams are withdrawn	after the closing date.		
-	y bank transfer using the foll	-			
Bank Name Sort Code:	-		East Sussex Count 80092754	y Scout Council	
	ave reference in following for roop would be: OH241Gilwel	mat OH24 followed by first 8 ll.	digits of Troop/Unit na	me	
I have made a bank tra	ansfer for £ Using the	following reference			
Teams will not be ente	red into the event until both a	application forms and payme	nt have been received		
Completed forms to be	sent to Mark Lloyd c/o Over	rland Hike, 25 Lexden Drive,	Seaford. East. Sussex	, BN25 3BD	
Envelopes will no lor email address suppli		structions with associated	attachments will be e	emailed to the tea	ams using the
 I am satisfied and fully under I have confirm 	that all team members will b erstand the Information Shee ned that all team members a	mation and Rules" and agree to up to an acceptable stand at and Rules and have agreed re aware of any medical cond of each Scout/Explorer have	ard by the date of the H d to abide by them. ditions within the team.		
SIGNED			Scout/Unit	Leader	
Date					
			Post Code		
Tel No		Mobile No			
Email address					
Emergency Home Co	ntact For The Duration of t	he Hike			
		the Hike. If a land line is not he team nor be a leader that			iired. The
Name					
Address			(in capitals please)		
		Tel No 2			
		101110 2			