THE DUKE OF EDINBURGH'S AWARD OF JAMAICA

2 Waterloo Road, Kingston 10
Telephone 1(876) 929-9546; Email: deajcm@cwjamaica.com; Fax: 1(876) 968-6218
Website: http://jmaward.org

CAMP NOTIFICATION FORM

Before completing this form please read these instructions. All information must be completed before submitting this form. Ensure that all participants submit a signed Permission Slip from their parents/guardian before leaving for an Adventurous Journey. This form should be submitted to the National Award Authority three (3) weeks before an Adventurous Journey for authorization by the NAA.

1. **Unit Name** _____

2. **Duration of Camp** From: _____ To: _____
(yy/mm/dd) (yy/mm/dd)

3. **Departure Time** _____(hrs) **Arrival** _____(hrs)

4. **Expedition** **Exploration** **Residential** (Please Tick)

5. **Location** _____
_____

6. **Number of Leaders** Male: _____ Female: _____ Total: _____

7. **Number of Participants** Male:_____ Female: _____ Total: _____

8. **The following documents should be attached and returned to the National Award Authority:**
Copy of Permission Slip
List of Leaders
Copy of Route Cards
The Unit Leader should submit a written report to the National Award Authority, at least one (1) week after the camp.

_____ _____ _____
Name of Unit Leader **Signature of Unit Leader** **Date** (yy/mm/dd)

FOR NAA OFFICE ONLY

Copies received:
Copy of Permission Slip YES □ NO □
List of Leaders YES □ NO □
Copy of Route Card YES □ NO □
Accredited by: Adventurous Journey Coordinator □ Service Panel □
Comments:
_____
_____
_____

Name:_____ Signature:_____

Date: _____ (yy/mm/dd)

Form 10