



APPLICATION FORM

ONE APPLICATION FORM IS REQUIRED FOR EACH TEAM ENTERED

CLOSING DATE SUNDAY 16th MARCH 2025

FOR OFFICE USE ONLY	
Date Form R'ecd	
Date Pymnt R'ecd	
Team No	

Name of Scout Troop/ Explorer Unit* : _____

District _____ County: East Sussex / West Sussex* (Delete as applicable)

The entry fee is £70 per team. Refunds will not be given if teams are withdrawn after the closing date.

Payment to be made by bank transfer using the following account details:

Bank Name:	Barclays	Account Name:	East Sussex County Scout Council
Sort Code:	20 - 49 - 80	Account Number:	80092754

All bank transfers to have reference in following format OH25 followed by first 8 digits of Troop/Unit name e.g. 1st Gilwell Scout troop would be: OH251Gilwell.

I have made a bank transfer for £_____ Using the following reference _____

Teams will not be entered into the event until both application forms and payment have been received.

Completed forms to be sent to Mark Lloyd c/o Overland Hike, 25 Lexden Drive, Seaford. East. Sussex, BN25 3BD

Envelopes are no longer required as final instructions will be emailed to the teams using the email address supplied on this form.

Scout / Unit Leader

1. I have read and fully understand the "Information and Rules" and agree to abide by them.
2. I am satisfied that all team members will be up to an acceptable standard by the date of the Hike, and that they have also read and fully understand the Information Sheet and Rules and have agreed to abide by them.
3. I have confirmed that all team members are aware of any medical conditions within the team.
4. I also confirm that the parents/guardians of each Scout/Explorer have given permission for their child to take part.

SIGNED _____

Scout/Unit Leader

Date _____

Name _____

Address _____

(in capitals please)

_____ Post Code _____

Tel No _____ Mobile No _____

Email address _____

Emergency Home Contact For The Duration of the Hike

This person must be contactable at all times during the Hike. If a land line is not available 2 mobile numbers will be required. The home contact must not be related to a member of the team nor be a leader that is assisting on the Hike in any way.

Name _____

Address _____

(in capitals please)

Tel No 1 _____ Tel No 2 _____