

CAMP/ ADVENTURE-BASED EVENT EVENT REPORT (OUT.03) 2025



This form is to be completed by the qualified camp/activity LiC after a camp/activity is held.

1 CAMP/ACTIVITY		
DATE OF EVENT/ACTIVITY		
From		
To		
NOTIFICATION TO HOLD CAMP/ACTIVITY SENT TO		
Name	Date	
TYPE OF CAMP / ACTIVITY		
<input type="checkbox"/> Indoor overnight stay	Indoor camp	
<input type="checkbox"/> Outdoor (bush)	Expedition (controlled)	
<input type="checkbox"/> Outdoor (established)	Expedition (wilderness)	
<input type="checkbox"/> Assessment	Trefoil 3/Patrol camp	
<input type="checkbox"/> Interstate camp	Adventure-based activity	
CAMP/ADVENTURE ACTIVITY LOCATION Name of campsite / activity site		
ACTIVITIES List each adventure-based activity and number of participants per line. List details of other activities undertaken eg. bushwalk, water activities.		
Adventure-based Activity	Number of participants	Activity provider details

2 PARTICIPANTS			
Units / Peer Groups			
Districts			
Regions			
Indicate the number of girls in each age group attending the camp/activity			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5-8 YEARS	9-14 YEARS	15-17 YEARS	18+ (Olaves)
Does this include any members with a disability?			
<input type="checkbox"/> NO	<input type="checkbox"/> YES Please provide details		

3 ADULTS	
Name	
Member number	
Role	
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Name	
Member number	
Role	

attach an extra page if required.

4 LODGEMENT	
Were there any accidents or incidents?	
<input type="checkbox"/> NO <input type="checkbox"/> YES > Attach a copy of a completed Girl Guide Incident Form	
Leader in Charge Name	
Member number	Signature
Date	
District/Region Manager or relevant State Authority/SGGO sign off on event/activity	
Name	Member number
Signature	Date

LODGEMENT

Evaluation of Camp/Adventure-based activity/Event report

Include evaluation of the site and facilities for the camp, adventure-based activity or event.

LEADER IN CHARGE

Please forward this form to your District/Region Manager or relevant State Authority/SGGO (as per your State process) within six weeks of camp/activity.

MANAGER/STATE AUTHORITY

Once fully completed, this form must be sent to the State Girl Guide Organisation (SGGO) as per your State process.