

# CAMP/ ADVENTURE-BASED EVENT EVENT REPORT (OUT.03) 2026



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

1 CAMP/ACTIVITY		
<b>DATE OF EVENT/ACTIVITY</b>		
From		
To		
<b>NOTIFICATION TO HOLD CAMP/ACTIVITY SENT TO</b>		
<b>Name</b>	<b>Date</b>	
<b>TYPE OF CAMP / ACTIVITY</b>		
<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	
<b>CAMP/ADVENTURE ACTIVITY LOCATION</b>		
Name of campsite / activity site		
<b>ACTIVITIES</b>		
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	
Name	
Member number	
Role	
Name	
Member number	
Role	
Name	
Member number	
Role	
Name	
Member number	
Role	
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 <a href="#">Girl Guide Incident Form</a>	
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.