

# Chiltern 20 Challenge 2008



The following information is required by the parent/guardian and the event organisers.

**Part 1. To be retained by the parent/guardian.**

Your son/daughter has been selected to be a member of a team representing their Scout Group in this year's Chiltern 20 Challenge. This is a well established walking event organised by experienced leaders in Greater London North Scout County. The event takes place in and around the Chiltern Hills and is a walking competition for teams of Scouts under 15years old. Each team is required to navigate round a course of 20-25 kms using a map and compass and visit a specified number of checkpoints en route. All checkpoints will be operated by experienced leaders who will check teams in and ensure they are able to continue. Teams are encouraged to complete the walk using footpaths although some road walking is inevitable. Checkpoint marshals are positioned at 'high risk' road crossing points and each walker will be wearing a reflective armband issued at the start. Additionally, a team of officials will be present in the walk area undertaking the general supervision of the event. A communications centre monitors the progress of each team to ensure that everybody taking part is accounted for throughout the event. Here are the details:

Date of event:	11 <sup>th</sup> October 2008		
Meet at (location)		Time	am/pm
Collect from (location)		Time	am/pm
Cost	£	Cheques made payable to	Required by
Transport arrangements		Please bring/wear	
Leader		Telephone	
Home Contact		Telephone	
		Mobile	

**Part 2 to be sent to the event organisers or handed in on arrival**

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Name of Scout		Date of Birth	
Mobile No. (if applicable)		Scout Troop	
Please state if the named Scout has a disability or condition which might be affected by this activity For example asthma, food allergies etc.			
Please indicate details of any medical treatment the named Scout is having at the moment			

**Parent/Guardian approval (SL to delete where appropriate)**

I am satisfied for my son/daughter to walk this event as part of an unaccompanied team. As mentioned above there will be several adults in the area to monitor and to keep an eye on personal fitness and safety.

I am satisfied for my son/daughter to walk this event as part of a team accompanied by a Scout Association approved adult.

Name of parent/guardian		Relationship to named Scout	
Telephone No.		Mobile No.	
Signed		Date	

*For official use*

TEAM NUMBER

COMPETITOR LETTER