



NOTIFICATION OF COMPLETION OF  
BADEN POWELL CHALLENGE AWARD

FULL NAME OF GUIDE.....

ADDRESS.....

POST CODE..... TEL.NO.....

DATE OF BIRTH..... AGE.....

UNIT.....

UNIT GUIDER.....

DATE COMPLETED ADVENTURE.....

ADVENTURE ATTENDED.....

IN COUNTY/OUT OF COUNTY

WHERE ADVENTURE TOOK PLACE.....

BADEN POWELL COMPLETION DATE.....

DATE OF PRESENTATION.....

COMPLETION NOTIFICATION  
SENT TO COUNTY CO-ORDINTOR

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REFERENCE NUMBER.....