



Alouette District Camp Subsidy Request

I _____ request _____ Camp Subsidy/Subsides
(Guider Name) (#)

_____ For _____
(Unit Name) (Name of Camp)

To be held on _____ At _____
(Date of camp) (Place of Camp)

Girl's Name(s) (Submitted in Confidence)

_____	_____
_____	_____
_____	_____

Comments from Guider:

(Signature of Guider)

(Date)

(Commissioner Signature)

(Unit UB Act#)