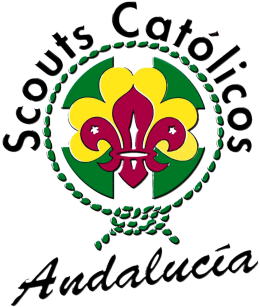
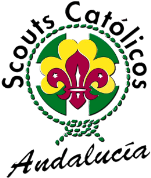
AUTORIZACIÓN DE ACAMPADA

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVIDAD DE: | | | | *DÍA DE GUADALUPE* | | | | | | TFNO. DE URGENCIA: | | | | *650 89 81 30 (AKELA)* | | | | |
| LUGAR: | *Parque Ontoria (JEREZ DE LA FRONTERA)* | | | | | | | | | | | | | | | | | |
| SALIDA: | *12/12/15* | | | | DESDE: | | | | *GRUPO SCOUT EL CARMEN* | | | | | | | A LAS: | | *08.30* |
| REGRESO: | | *12/12/15* | | | | EN: | | *GRUPO SCOUT EL CARMEN* | | | | | | | | A LAS: | | *18:30* |
| APORTACIÓN: | | | | *3’00 €* | | | MATERIAL PERSONAL: | | | | *UNIFORME, DESAYUNO, COMIDA* | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| OBJETIVOS: | | | * *CONVIVIR CON OTRAS MANADAS* | | | | | | | | | | | | | | | |
| * *REALIZAR ACTIVIDADES EN EL MEDIO NATURAL DE FORMA SALUDABLE.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| El Puerto de Santa María, a | | | | | | | | | | | |  | de | |  | | de 20 | |
| ***Esta parte de la autorización deberá quedársela el padre/madre/tutor*** | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D./Dña.: | |  | | | | | | | con D.N.I. nº: | | | |  | |
| Autoriza a su/s hijo(a)/os(as): | | | | (Poner nombre completo) | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| A la asistencia y participación en la salida de | | | | | |  | | que D.M. se celebrará el/los próximo/s | | | | | | |
| día/s |  | | | en |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| El Puerto de Santa María, a | | | | | | | | | |  | de |  | | de 20 |
| Firma del padre/madre o tutor | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | |
| ***ESTA PARTE DEBERÁ SER RELLENADA POR EL PADRE, MADRE O TUTOR Y ENTREGADA EN LA ACTIVIDAD PARA PODER PARTICIPAR EN ÉSTA.*** | | | | | | | | | | | | | | |



AUTORIZACIÓN PATERNA DE SALIDA

# GRUPO SCOUT NUESTRA SEÑORA DEL CARMEN

Avd. Constitución nº 2, El Puerto de Santa María

✄

✄

✄

✄

✄

✄

# GRUPO SCOUT NUESTRA SEÑORA DEL CARMEN

Avd. Constitución nº 2, El Puerto de Santa María