



Week 4			
Date	Brief description of activity	Location	Duration (hrs)
Week 5			
Date	Brief description of activity	Location	Duration (hrs)
Week 6			
Date	Brief description of activity	Location	Duration (hrs)

**Signed :-**

**(Parent / Guardian)**

(Please ensure that this short diary is completed by the Scout and is a true reflection of what they did to “take part in regular physical activities”)