## **NEW ANCHOR REQUEST SHEET**

This sheet must be forwarded to the CSCC Equipment Officer. Please use a separate sheet for each new anchor group.

| Area of Country                            | ountry         |   |                |  |
|--|----------------|---|----------------|--|
| Name of Person Requesting Anchor(s)        |                |   |                |  |
| Name of Member Club                        |                |   |                |  |
| Contact Telephone Number                   |                |   |                |  |
| Contact Email Address                      |                |   |                |  |
| Date Requested                             |                |   |                |  |
| Position of Requested<br>Anchor(s)         |                |   |                |  |
|  |                | adder & Lifeline / SRT "Y" hang / SRT Traverse Line / on / SRT Rebelay / Other (give details) |                |  |
| Justification for Request                  |                |   |                |  |
| CSCC Equipment Officer (CSCC Use Only)     |                |   |                |  |
| Decision Appro                             | red / Declined |   | Date           |  |
| Reason for Decision                        |                |   |                |  |
| CSCC Nominated Installer (CSCC Use Only)   |                |   |                |  |
| Name                                       |                | Date of Installation  | f Installation |  |
| Anchor Installation Sheet Reference Number |                |   |                |  |
| CSCC Equipment Officer (CSCC Use Only)     |                |   |                |  |
| Date Records Updated                       |                |   |                |  |
| Print Name                                 |                |   |                |  |
| Signature                                  |                |   |                |  |