



REGISTRATION FORM 2019/2020

Name of Scout: _____

Date of Birth: _____

Tick Category: ___ Beavers (6/7/8 year olds)
 ___ Cubs (9/10/11 year olds)
 ___ Scouts (12/13/14/ year olds)
 ___ Ventures (15/16/17 year olds)

Address: _____

Tel Number: _____ (H) _____ (W) _____ (M)

Email: _____

----- **ADMIN USE ONLY** -----

Registration Fee Paid: _____

Date: _____

Accepted By: _____