



**SOUTH AFRICA SCOUT ASSOCIATION, CAPE WESTERN AREA
APPLICATION TO ATTEND A SCOUT TRAINING COURSE**

COURSE _____ **VENUE** _____

DATE _____ **APPLICANT** **BOY** _____ **GIRL** _____
(PLEASE TICK)

PLEASE FILL IN THIS SECTION CLEARLY IN PRINTED CAPITALS:

FIRST NAME _____ **POSTAL ADDRESS** _____

SURNAME _____

DATE OF BIRTH _____ **POSTCODE** _____

AGE _____ **YEARS/MONTHS** _____ **PHONE** _____

GROUP _____ **E-MAIL** _____

RANK _____ **TIME AS PL** _____

ADVANCEMENT LEVEL _____

LIST BADGES WHICH YOU HOLD: _____

SCHOOL _____

GRADE LEVEL _____

RELIGIOUS DENOMINATION _____

MEDICAL CONDITION _____

CONSENT _____

I, _____ (NAME) apply to attend the above Course.

SIGNED _____
(SCOUT)

I approve of my child/ward attending the above Course. The following are his/her disabilities and/or special requirements:

SIGNED _____
(PARENT/GUARDIAN)

RECOMMENDATION	
I recommend this Scout to attend the above Course.	
NAME _____	PHONE _____
(TROOP SCOUTER)	SIGNED _____
	(TROOP SCOUTER)

FOR USE BY AREA HQ	
DATE RECEIVED _____	FEES PAID R _____
LETTER OF ACCEPTANCE SENT:	DATE _____

Banking details for Land courses: South African Scout Association Standard Bank, Thibault Square Branch Code 020909 Account Number 070863660	Banking details for Water/Sea Scout courses: Sea Scout Base Nedbank Tokai Branch Code 104309 Account Number 1043049215
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COURSE FEE & PARENT CONSENT FORM MUST ACCOMPANY THIS FORM