

5th – 22nd CLARE SCOUTS

Application Form

NAME _____

ADDRESS _____

DATE OF BIRTH _____ AGE _____

MALE (M)

☐

OR

FEMALE (F)

☐

TELEPHONE NUMBER _____ MOBILE _____

E-MAIL _____

DATE OF APPLICATION _____

SCOUTING HISTORY _____

ARE BROTHERS OR SISTERS ALREADY IN SCOUTS (Y or N) ☐

IF YES, GIVE DETAILS _____

ANY SPECIAL NEEDS (Y or N) ☐

IF YES, GIVE DETAILS _____

**NOTE: AS A PARENT YOUR HELP WILL BE REQUIRED IN FUND-RAISING
EVENTS AND/OR ASSISTING IN SCOUTING ACTIVITIES IN THE COMING YEAR.
PLEASE INDICATE HOW YOU WOULD PREFER TO HELP**

SIGNATURE OF PARENT OR GAURDIAN _____ DATE _____