Please edit or print and complete this form and send to secretary@1sthillsboroughscouts.org or give to one of the Scout Leaders.

| * mandatory information | |
|--|-------------------------|
| Full Name of Child *: | Date of Birth */ |
| Is either parent a Leader with 1st Hillsborough Scouts?* | YES / NO |
| Have you other children who are members at 1st Hillsbor | rough Scouts?* YES / NO |
| Names of other children in 1st Hillsborough Scouts: | |
| Child 1 | Date of Birth/ |
| Child 2 | Date of Birth/ |
| Child 3 | Date of Birth/ |
| Is the applicant transferring from another Scout Group? | * YES / NO |
| If transferring from another Scout Group, the Group is _ | |
| Home Address *: | |
| | Post Code * |
| Names of Parents * | |
| Email(s) * | Home Telephone |
| Mobile 1 * | Mobile 2 |
| | |
| We will contact parents as and when places come free. | |
| | |
| Date of receipt of this registration / / | |