



Project Africa - Application Form

Please use black ink and write in CAPITAL LETTERS

* delete if not appropriate

April Open Camp: 17-18 April 2010

First name of participant:

Known as (preferred first name):

Family name:

Home address:

Post code:

Date of birth:

* male / female

minimum age is 14 years plus at time of departure to Uganda

Email:

Home tel:

Mobile tel:

Scout Group / Unit:

Scout District:

Scout membership (Scout / Explorer Scout / Scout Network):

Leader/adult appointment:

Any medical concerns (continue overleaf if necessary):

Any dietary concerns (continue overleaf if necessary):

Date of last Tetanus injection:

Name of Doctor:

Address of Doctor:

Post code:

Tel number of Doctor:

cont

Details of next-of-kin during period of activity

Name of next-of-kin:

Relationship to participant:

Address (if different to above):

Post code:

Home tel (if different to above):

Mobile (if different to above):

Work tel (if appropriate):

Any further information that the activity Leaders need to be aware of:

Statement

I consent to (name of participant):

taking part in the **April Open Camp** during the period **17 April to 18 April 2010**. I undertake to inform the Leader of any changes in the fitness of the above named participant prior to the date of the activity. I am in agreement that those in charge of the activity may give permission for the above named participant to receive treatment in an emergency and to administer treatments for minor illness/injury.

Signed (by parent/guardian if under 18 years):

Print name:

Date:

Cost of activity: £25

Cheques payable to: *Berkshire County Scout Council*

Return form and cheque to: County Scout Administrator, BSEL, Gravelly Court, Gravelly Bridge Farm, Grazeley Green Road, Grazeley, Reading RG7 1LG

For official use only	Application received:	Applicant No:
1 £25:		