



THE *Scout* ASSOCIATION
OF MALTA

Xghajra Scout Group

Application Form

Scout Personal Details:

Full Name: _____

Year joined the movement: _____

Scout ID Number: _____

Gender: _____

Address: _____

Date of Birth: _____

Telephone No: _____

Scout Mobile No: *(if available)* _____

Scout e-mail address *(if available)* _____

Family Details:

Father's Name: _____ Mobile No: _____

Mother's Name: _____ Mobile No: _____

E-mail address *(for the Group Database)* _____

I, _____ *(Parent)* confirm that the information about myself/ my son or daughter is correct. I will be responsible to advise if any personal data from the above will be changed.

Signature

ID card NO



SCOUTS[®]

Nibnu Dinja Aħjar

Xghajra Scout Group – Delle Grazie Battery, Triq Dwardu Ellul, Xghajra

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