



The Scout Association of Malta

Xghajra Scout Group

Application Form

Full Name: _____

Year Joint the movement: _____

ID Number: _____

Male / Female: _____

Address: _____

Hobbies: _____

Religion: _____

Scout e-mail address: _____

Date of Birth: _____

Telephone No : _____

Mobile No (Scout): _____

Father's Name: _____ Mob Number: _____

Mother's Name: _____ Mob Number: _____

Family e-mail: _____

Why did you / your child wish to join the scout movement?

I confirm that the information about myself / my son / my daughter is correct

Parent's / Guardian's Name ID Card Number

Signature

Delle Grazie Battery, Triq Dwardu Ellul, Xghajra

Email: info@xghajrascouts.org

Website: www.xghajrascouts.org