

Team Application Form



About your Team

District Scout Network (name) _____

Team Name (Be imaginative !) _____

Team Contact (someone we can call if we need to contact you.)

Name _____

Email _____

Phone Number _____

Team Members

Name	Age	E-mail	Health Form
1 _____	_____	_____	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>

Team Emergency Contact

Please provide details of someone to contact in an emergency.

Name _____

Relationship to Team _____

Address _____

Post Code _____

Home Phone No. _____

Mobile Phone No. _____

For Office Use:	
Form Complete	<input type="checkbox"/>
Competition Fee	<input type="checkbox"/>
Health forms Enclosed	<input type="checkbox"/>
Team Number:	_____

Please return this form, the Team Member Health Forms and your Competition Fee of £15 per person (cheques payable to Hertfordshire Scout Network) to: Exodus Registrar, 234 Fennycroft Road, Hemel Hempstead, Herts, HP1 3NP



Hertfordshire Scouts
Charity Number 302606
exodus@hertfordshirescouts.org.uk

