



**SOUTH AFRICA SCOUT ASSOCIATION  
CAPE WESTERN AREA**

**FORM F1**

**APPLICATION TO ATTEND SCOUT TRAINING COURSE**

**COURSE:** \_\_\_\_\_ **VENUE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TROOP** \_\_\_\_\_ **BOY** \_\_\_\_\_ **GIRLS** \_\_\_\_\_

**PLEASE FILL IN THIS SECTION CLEARLY IN PRINTED CAPITALS:**

**FIRST NAME:** \_\_\_\_\_ **POSTAL ADDRESS** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **YEARS/MONTHS:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**GROUP:** \_\_\_\_\_

**RANK:** \_\_\_\_\_ **TIME AS PL:** \_\_\_\_\_

**SCOUTING HISTORY:** \_\_\_\_\_ **ADVANCEMENT LEVEL:** \_\_\_\_\_

**LIST BADGES WHICH YOU HOLD:** \_\_\_\_\_

**EDUCATION:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**GRADE LEVEL:** \_\_\_\_\_

**RELIGIOUS DENOMINATIONS:** \_\_\_\_\_

**MEDICAL CONDITION:** \_\_\_\_\_

**PARENT CONSENT:**

I, \_\_\_\_\_ (NAME) apply to attend the above Course.  
I approve of my child attending the above Course. The following are his/her disabilities and/or special requirements:

\_\_\_\_\_  
(SIGNED) \_\_\_\_\_  
PARENT/GUARDIAN

<b>RECOMMENDATIONS:</b>	
Troop Scouter: (Name) _____	Phone No.: _____
Signature _____	

<b>FOR USE BY AREA HQ</b>	
DATE RECEIVED: _____	FEES PAID: _____

**LETTER OF ACCEPTANCE SENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COURSE FEE & PARENT CONSENT FORM MUST ACCOMPANY THIS FORM**

**Direct Deposit into Account:**  
SA Scout Association, Cape Western Area; Standard Bank; Thibault Square Branch No 020909; Acc no. 070863660.  
Please fax your deposit slip to Area HQ at fax 021 591 6849, or post to PO Box 999 Cape Town 8000.  
Please phone to confirm that Area HQ has received your payment and form: tel 021 591 6842