

**1ST VACATION CAMP FOR SCOUTS
AT PROVINCIAL/ DISTRICT LEVEL
IN APRIL VACATION 2020**

PARTICIPANT'S APPLICATION

1. Name in full of Participant:
2. Name with initials:
3. Date of Birth: Date.....Month.....Year.....
4. National/Postal ID Number: Date of Issue.....
5. Personal Address:
6. Telephone Numbers: Home Land: Mobile:
7. Personal Email Address :
8. Scout District:
9. Name of Scout Group:
10. Address of Scout Group:
11. Date of Admission to the Cub Pack/ Scout Troop/Rover Crew:

Date.....Month.....Year..... Age: Years.....Months.....Days.....
12. Date of completed the Membership Badge Date.....Month.....Year.....

Age: Years.....Months.....Days.....
13. Name and the Date of completed the last Award:
14. Date..... Month..... Year..... Age: Years..... Months.....Days.....
15. Name and Date started work in next Award

- Date.....Month.....Year..... Age: Years.....Months.....Days.....
16. Compulsory Proficiency Badges which you have already completed
1. Name of Badge: Date of pass Date.....Month..... Year.....
2. Name of Badge:Date of pass: Date.....Month..... Year.....
3. Name of Badge:Date of pass: Date.....Month..... Year.....
4. Name of Badge:Date of pass: Date.....Month.....Year.....
17. Badge Work/ Requirements to be completed at the Vacation Camp according to the syllabus.
 1.
 2.
 3.
 4.
 5.
 6.

Herewith I certify that the above mentioned information are true and correct and I am willing to participate in this Vacation Camp and try to do my best to achieve all gales according to the rules and regulations of the Camp.

Signature of the Applicant

Date

APPROVALS AND RECOMMENDATIONS

Recommendation of the Physician

Herewith I recommend Senior ScoutofDistrict is in good health and he is fit to participate at the above mentioned 1st Vacation Camp with outdoor activities.

(Special comments:)

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Signature of Physician *Name of Physician* *Date*

Approval from parent

Herewith I grant permission to my son/Daughter Scout.....to participate in the 1st Vacation Camp organized by District Scout Association As mentioned above and I agreed all rules and regulations of the course.

.....
Signature of parent/Guardian *Name of Parent/Guardian* *Date*

Approval from Scout Master/Group Scout Master /Principal

We grant permission to Scout of our Scout Group.....to participate at the above mentioned 1st Vacation Camp organize by District Scout Association.

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Signature of Scout Master *Signature of Group Scout Master* *Signature of Principal*

.....
Date *Date* *Date*

Approval from Assistant District Commissioner (Programme) and District Commissioner

We recommend Scout of Scour Group to participate at the above mentioned 1st Vacation Camp organized byDistrict Scout Association.

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Signature of the ADC (Programme) *Signature of District Commissioner*

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Date *Date*