



PARTICIPANT / CAMP STAFF

THE SINGAPORE SCOUT ASSOCIATION

No 1, Bishan Street 12 Singapore 579808
 Tel: 6259 2858 Fax: 6259 2118
 E-mail: hq@scout.org.sg
 Website: www.scout.org.sg

Please read the following instructions carefully before completing this form

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| <ol style="list-style-type: none"> 1. Please complete this form in BLOCK LETTERS 2. Application form must be accompanied with the full course fees to the Association. All payment in cheque should be crossed to "The Singapore Scout Association". 3. The Association reserves the right to cancel/postponed/reject applicants due to unforeseen circumstances. 4. All withdrawal and replacement from courses must be made in WRITING and submitted 7 days before the commencement date. 5. Request for refund and replacement will not be allowed once the course has commenced or the request for withdrawal/replacement is submitted after the stipulated period. 6. * denotes - Please delete where necessary |
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Course Information

Course Title:	Course Code:
Commencement Date:	Course Fee:

Applicant's Particulars

Full Name as in NRIC:				
NRIC/Passport No:		Date of Birth:		Sex: *M / F
Address:			Postal Code:	
Tel No:	(H)	(O)	(P/HP)	
Name of School/Scout Group :			T-Shirt Size (If any) :	
Email Address:				

Parent's / Guardian's Consent

I, the lawful *parent/guardian of the applicant consented *child/ward to participate in the above-mentioned course and will adhere to the rules and regulations as stipulated by The Singapore Scout Association. I fully support in this event.		
_____	_____	_____
Name & Signature of Parent/Guardian	Relation to Applicant	Date

Unit Leader's Endorsement

This is to certify that I am satisfied and is responsible with the conduct of the applicant and endorsed his application for the course			
_____	_____	_____	
Name & Signature	Appointment	Date	
Tel No:	(H)	(O)	(P/HP)

I, (name of applicant) _____ certify that the above information are true and correct and I understand that the Association reserves the right to reject my application for any discrepancy pertaining the application.

 Signature of Applicant _____
 Date

Mode of Payment (Please 'v' Tick)		For Official Use	
<input type="checkbox"/>	Cash	Course Fee Received:	\$
<input type="checkbox"/>	Cheque (No. _____)	Receipt No:	
<input type="checkbox"/>	Scout Group Fund	Received By	
<input type="checkbox"/>	IFFAS (To send e-invoice to school)	Date	