



SCOUTS SOUTH AFRICA
Springbok Registration

Please print in BLOCK CAPITALS DATE:

NAME:		Telephone:	
TROOP:		Cell:	
DISTRICT:		Email:	
DATE EXPLORER COMPLETED:		How often do you check email	
		Daily Weekly Less	
DATE OF BIRTH:		AGE OF SCOUT:	
		Reg. No.	
CONSTRUCTION PROJECT:		Proposed Date:	
		Completed:	
Description:			
Evaluator:			
MEAL:		Proposed Date:	
		Completed:	
Description:			
Evaluator:			
EXPEDITION:		Proposed Date:	
		Completed:	
Description:			
Evaluator:			
CAMP:		Proposed Date:	
		Completed:	
Description:			
Evaluator:			
SERVICE PROJECT:		Proposed Date:	
		Completed:	
Description:			
Evaluator:			
DISCUSSION:		Proposed Date:	
		Completed:	
Description:			
Evaluator:		Please tick the box alongside to indicate that you have read and understand the advancement guidelines	
Have read the advancement guideline Scout (name)		Signature	<input type="checkbox"/>
Have read the advancement guideline Parent (name)		Signature	<input type="checkbox"/>
Approved by Troop Scouter (name)		Signature	<input type="checkbox"/>
Approved by District Commissioner (name)		Signature	<input type="checkbox"/>
THIS FORM MUST BE COMPLETED AND APPROVED BY THE RTC SCOUT PROGRAMME BEFORE ANY OF THESE TASKS ARE STARTED			DATE RECEIVED

RTC Scout Programme please make sure SAHQ receive a copy of the registration form