Country of origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of applicant/ tour leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number in South Africa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of alternate leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate’s contact number in South Africa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of origin NSO contact details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach schedule with following details (individuals and tours):

|  |  |  |
| --- | --- | --- |
| If a tour, full name of **all participants** |  |  |
|  |  |  |
| Dates of birth |  |  |
|  |  |  |
| Ranks (Cub/Scout/Rover/Leader) |  |  |
|  |  |  |
| Passport Numbers |  |  |
|  |  |  |
| Dates of issue and date of expiry of passports. |  |  |
|  |  |  |
| **Detailed itinerary** of your stay in South Africa. |  |  |
|  |  |  |
| **Letter of Introduction(s)** from your NSO indicating that **your Group /tour consists of registered member(s) in good standing** |  |  |

Do you have Medical Insurance Cover? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Please note that **SCOUTS South Africa** will try where possible to supply advice and information but will not be able to make any bookings on your behalf nor can **SCOUTS South Africa** be held liable for any reservations made and not kept.

**SCOUTS South Africa** will not be responsible for debt incurred by you during your stay.

Please remember that South Africa is exciting, dynamic and vibrant. but it is also a third-world country with many socio-economic problems, which results in high crime. Please guard yourself against this by being prepared and taking safety into consideration when planning your trip.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Recommended by Commissioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Endorsed by National Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

The application must be sent to [international@scouts.org.za](mailto:international@scouts.org.za)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Tour Members** | | | | | | | | |
| **Name of participant** | **Date of birth** | **Rank (Scout, Rover, Leader)** | **Nationality** | **Passport number** | **Date of issue of passport** | **Date of expiry of passport** | **Medical insurance**  **Cover**  **Yes / no** | **Other** |
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