

## **Barbados Boy Scouts Association**

# ANNUAL SCOUT REGISTRATION 1<sup>ST</sup> APRIL, 2025 – 31<sup>ST</sup> MARCH, 2026

#### FORM F

#### **SCOUT GROUPS - ADDITIONAL REGISTRATION**

Kindly complete this form and return with your Registration Fees to your District Commissioner for new members who have joined after the Group completed its Registration.

RE	G. No. of Group:		DISTR	ICT: .				
Na	ME OF GROUP:							
Nu	MBER OF NEW YO	OUTH MEMBERS:						
	BEAVER SCOUTS: CUB SCOUTS: SCOUTS:							
	VENTURE SCOUT	rs: T	OTAL:		Fi	EE DUE (To	таl x \$5): \$	
Nu	MBER OF NEW A	OULT MEMBERS:						
	DOLE OF ADUL	т	Numbers				Erre Due	
	ROLE OF ADULT		Mal	Æ	FEMALE	TOTAL	FEES DUE	
	LEADERS							(TOTAL x \$15)
	DISTRICT/NAT	IONAL SCOUTERS						(TOTAL x \$20)
	Commissioner	S						(TOTAL x \$20)
	HELPERS							(TOTAL x \$0)
	GROUP EXECUT	TIVE COMMITTEE						(TOTAL X \$15)
	GROUP COUNCI	L						(TOTAL X \$10)
	TOTALS							
Το <sup>,</sup>	Signature	N FEES PAID TO DIS			TH + ADULT	·): \$	Date	
	LEADE	ER-IN-CHARGE	l 1	DATE		HEADQUARTI	EDC INITIAL	DATE
A	PPROVED BY:	DISTRICT INITIAL		DATE		пеарquarti	EKS INITIAL	DATE

### KINDLY LIST ALL REMAINING ADULTS (ADULTS LISTED HERE DO NOT NEED TO SUBMIT FORMS A, B OR C)

Name of Adult		MISS./ MRS./MR.	Role(s)	Address		
	Occupation		DATE OF BIRTH	TELEPHONE NUMBERS (H/W/C)	Email	

#	Name of Youth Member	DATE OF BIRTH (yyyy-mm-dd)	SEC- TION (B/C/S/V)
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#	Name of Youth Member	DATE OF BIRTH (yyyy-mm-dd)	SEC- TION (B/C/S/V)
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