



Xaghra Scout Group

c/o 32B, Xerri's Grotto Street, Xaghra, Gozo, Malta

www.xaghrascouts.com

WAITING LIST FORM

All information provided on this form is Private and Confidential.

Child Details

Name :	
Surname	
Sex :	Male / Female
Age (at Date of Submission) :	
Date of Birth :	
Name of Parent/Guardian :	
Name of Parent/Guardian :	

Contact Details

Telephone Number :	
Mobile Number :	
E-mail Address :	
Postal Address :	

Confirmation of Application

I confirm that I'm placing my child on the waiting list to be a member of Xaghra Scout Group. However I also agree that by placing him on this list, it does not imply that he will become a member. I fully agree with all the Rules of Waiting List which dictates the ways that members are admitted to the Group.

Parent or Guardian Signature

Date of Submission

PLEASE FILL IN THIS FORM CORRECTLY AND SUBMIT IT **BY POST** TO :

Waiting List - Xaghra Scout Group, Triq ta' Hamet, Xaghra, XRA 9031, Gozo, MALTA