

# **A.T.C. GROUP APPLICATION – SCOUT TROOP**

SCOUT GROUP NAME, District: (i.e. 1<sup>st</sup> Carrum Downs, Frankston District) \_\_\_\_\_

Leader/s in charge at Annual Theme Camp: \_\_\_\_\_

Leader/s Contact Email Address: \_\_\_\_\_

#	Scout's Full Name	Date of Birth	Completed Adventurous Activities Consent Form(Y/N)	Completed Y4 P.I.R Form (Y/N)	\$80 Camp Cost (Y/N)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

**LEADERS** – Please Note: Please send Completed Troop Application with GROUP Cheque to be received by 27/06/14. ATC will NOT accept Individual Applications or Personal Cheques. Please advise ATC Admin by email of any Court Orders, etc.