

A.T.C. NOTICE OF INTENTION APPLICATION

SCOUT GROUP NAME, District: (i.e. 1st Carrum Downs, Frankston District) _____

Leader/s in charge at Annual Theme Camp: _____

Leader/s Contact Email Address: _____

#	Youth's Full Name	Date of Birth
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#	Youth's Full Name	Date of Birth
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LEADERS – Please Note: This is just so a rough number can be worked out by ATC Admin, it doesn't mean that you cannot send more from your Troop if the interest arises before the due date. Please send back AS SOON AS POSSIBLE. No Individual Scout Applications or Personal Cheques will be accepted as Payment for ATC.