



SOUTH AFRICAN SCOUT ASSOCIATION
Springbok Registration

Fill in ALL unshaded areas - Please print in BLOCK CAPITALS

DATE: _____

NAME: _____ **Telephone:** _____

TROOP: _____ **Cell:** _____

DISTRICT: _____ **Email:** _____

DATE EXPLORER COMPLETED: _____ **How often do you check email** Daily Weekly less

DATE OF BIRTH: _____ **AGE OF SCOUT:** _____ **Reg. No.** _____

CONSTRUCTION PROJECT: Proposed Date: _____ Completed: _____

Description: _____

Evaluator: _____ Report: _____

MEAL: Proposed Date: _____ Completed: _____

Description: _____

Evaluator: _____

EXPEDITION: Proposed Date: _____ Completed: _____

Description: _____

Evaluator: _____ Log: _____

CAMP: Proposed Date: _____ Completed: _____

Description: _____

Evaluator: _____ Report: _____

SERVICE PROJECT: Proposed Date: _____ Completed: _____

Description: _____

Evaluator: _____ Report: _____

DISCUSSION: Proposed Date: _____ Completed: _____

Description: _____

Evaluator: _____

Please tick the box alongside to indicate that you have read and understand the advancement guidelines

Have read the advancement guideline Scout (name) _____ Signature _____

Have read the advancement guideline Parent (name) _____ Signature _____

Approved by Troop Scouter (name) _____ Signature _____

Approved by District Commissioner (name) _____ Signature _____

THIS FORM MUST BE COMPLETED AND SUBMITTED TO HEADQUARTERS BEFORE ANY OF THESE TASKS ARE STARTED

DATE RECEIVED: _____

Provincial Manager & APC please make sure SAHQ receive a copy of the registration form