



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