Loddon District Young Leader Registration Form

Please confirm in advance whether you will be attendin offered.	ng any training module that is being
Please fill in the following information	on about yourself
Name: Dat	te Of Birth:
Address:	_
Postcode:	
YL Tel:	_
Home Phone:	
Parent Telephone:	_
YL Email:	
Parent Email:	
If Yes, Please State Which 'Base' (Or Night/s) you regula	Yes / No arly attend (if any)
If No, please state if you are a Scouting Member, or hav reason (eg. DofE, Community Project)	ve become a YL for a different Scouting/Other
Please provide the following information about where yo District	ou are a Young Leader in Loddon
Scout Group:Appro	x Date Started:
Section: Beavers / Cubs / Scouts - Section Name:	
Night of the week your section meets:	Mon / Tue / Wed / Thur / Fri
Name of Section Leader:	
Tel. of Section Leader:	
Email of Section Leader:	
Would you be interested in working towards your Chief Level if Registered: Bronze / Silver / Gold	Scout`s Platinum/Diamond Award? Yes / No / Already Registered

Please let me know overleaf any additional information about yourself that you feel might be relevant to this training, or your membership to the Young Leader Unit, including any extra help you may need, medical conditions etc, and any Modules you have already completed.