



## 25<sup>th</sup> Asia-Pacific Regional Scout Jamboree

28 December 2005 ~ 3 January 2006

Sattahip, Chonburi, Thailand

### Application Form for Participants

Please complete all parts of the application form in block letters.

National Scout Organization: \_\_\_\_\_

Position in Scouting:  Scout  Scout Leader  Other \_\_\_\_\_

Position in the Jamboree:  Scout  Scout Leader  Contingent Staff  Contingent Head  Others \_\_\_\_\_

#### Personal Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

School or Profession: \_\_\_\_\_ Grade or Level of Education: \_\_\_\_\_

Contact Address: \_\_\_\_\_ City/province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Height: \_\_\_\_\_ (cm) Weight: \_\_\_\_\_ (kg) Blood Group: \_\_\_\_\_

#### Special Food Requirements (Do you have any special food requirements for medical, religious or other reason):

Special Foods Required: \_\_\_\_\_ Foods you must not eat for religious reason (please specify) \_\_\_\_\_

\_\_\_\_\_ Due to (allergy, special diet, etc) \_\_\_\_\_

#### Special Health Problem: (Do you have any illness of the following?)

- |  |                                    |                                    |  |                                   |
|--|------------------------------------|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Diabetic  | <input type="checkbox"/> Hypertension  | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Hemophilia    | <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epileptic | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Autism   |

Any other Allergies: \_\_\_\_\_

Any Physical disability: \_\_\_\_\_ Others (please specify): \_\_\_\_\_

#### Contact person in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Comment/Request: \_\_\_\_\_

#### NSO's Recommendation:

*We hereby endorse this application. (In case of Scouts and Scout Leaders, please fill the Troop and Patrol number in your contingent, as you have organized it. Each Patrol of 9 Scouts will have 1 Scout Leader)*

Contingent Troop Number: \_\_\_\_\_ Contingent Patrol Number: \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Position

Date: \_\_\_\_\_