

BNI2020/eBNI CHALLENGE TROPHY 22nd Year

Team Registration Form

Troop/Unit:

Team 1 / Team 2 (one form per team)

Scouts/Explorers

Name	Date of Birth	Dietary Req.
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Leaders

Name	DoB	Dietary Req.
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Young Leaders

Name	DoB	Dietary Req.
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Complete the registration form and return it, with all medical forms and full payment to Keith Merrall by **5th April 2020**

Cheques payable to: **Lambeth District Scout Council**

Please note that **electronic copies of medical forms will not be accepted.**

Completed form, medical forms and full payment must go to:

Keith Merrall - 32 Drakewood Road, Streatham Vale, SW16 5DT

For Administrator use only:

Date form received:

Amount received: £ Cash / Cheque

All Medical Forms received: Yes / No