

WANG REGISTRATION FORM



Please fill in this form before you get to WANG – this will save you time on the night.

First Name: _____ Surname: _____
Known As: _____ Date of Birth: ____/____/____ Age: ____
Address: _____

Postcode: _____
Email: _____
Home Phone: _____ Mobile: _____
Scout District: Atherstone / Kenilworth / Leamington / Nuneaton / Rugby / Stratford / Warwick / West Warwickshire
Are you... a **NETWORK** member? yes (if yes: name of unit) _____
a leader? yes (if yes: name of group & section) _____
an **EXPLORER?** yes (if yes: name of unit) _____



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