

BOY SCOUT EUROPE TRIP LEADER INFORMATION SHEET

NAME _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

DATE OF BIRTH _____

THINGS YOU LIKE ABOUT SCOUTING _____

YOUR OCCUPATION _____

OTHER THINGS YOU LIKE TO DO SUCH AS SPORTS, MUSIC, AND HOBBIES

RELIGIOUS PREFERENCE _____

LANGUAGES YOU SPEAK _____

ARE THERE FOODS YOU CANNOT EAT FOR MEDICAL OR RELIGIOUS

REASONS? _____

DO YOU HAVE ALLERGIES TO PETS, ETC.? _____

WHAT THINGS DO YOU WANT TO SEE AND DO ON YOUR TRIP? _____

PLEASE

ATTACH

RECENT

PHOTO

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BOY SCOUT EUROPE TRIP

SCOUT INFORMATION SHEET

NAME _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

DATE OF BIRTH _____

THINGS YOU LIKE ABOUT SCOUTING _____

SCHOOL SUBJECTS YOU ENJOY _____

OTHER THINGS YOU LIKE TO DO SUCH AS SPORTS, MUSIC, AND HOBBIES

RELIGIOUS PREFERENCE _____

LANGUAGES YOU SPEAK _____

ARE THERE FOODS YOU CANNOT EAT FOR MEDICAL OR RELIGIOUS

REASONS? _____

DO YOU HAVE ALLERGIES TO PETS, ETC.? _____

IS THERE ANOTHER MEMBER OF YOUR GROUP YOU WOULD LIKE TO BE

WITH DURING A HOME STAY? _____

WOULD YOU MIND BEING WITH A HOST FAMILY BY YOURSELF? _____

WHAT THINGS DO YOU WANT TO SEE AND DO ON YOUR TRIP? _____

PLEASE

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RECENT

PHOTO

HERE.