



Girl Guides
Singapore

INDIVIDUAL REGISTRATION FORM

EVENT	BE PREPARED QUEST (Insert year)	VENUE	
DATE		COUNTRY	SINGAPORE
PARTICULARS OF TEAM LEADER (GUIDER)			
Name (as in passport)		Date of Birth (dd/mm/yyyy)	Place of Birth
Address			
			Postal Code:
Telephone (Residence)	Telephone (Mobile)	Fax No.	
Email Address			
PERSONAL INFORMATION			
Hobbies/Interests		Present Occupation	
Place Of Work/School		Special Diet (if any)	
History Of Health (kindly advise of any records of problems with your health)			
In Case Of Emergency, Person To Contact			Relationship With Applicant
Telephone (Residence)	Telephone (Office)	Telephone (Mobile)	
MODE OF PAYMENT [] IFAAS [] CHEQUE [] CASH			
HOSPITALITY PROGRAMME			
1. I will be able to offer home hospitality for participants from overseas.			Yes [] No []
2. If yes, how many Guides/Adult Leaders can you accommodate?			
3. My unit will be able to help out in the hospitality programme.			Yes [] No []

* delete where applicable

This information provided above is true and correct. I agree to abide by the rules and regulations of BP Quest 2013.

DATA PROTECTION

Girl Guides Singapore (GGS) will hold and protect all your personal particulars in accordance with the terms of Personal Data Protection Act (Singapore). I agree to be contacted for training programmes /conferences and for my personal data to be transferred to trainers and conference/activity organisers for such purposes.

Signature of Applicant

Date



Girl Guides
Singapore

INDIVIDUAL REGISTRATION FORM

EVENT	BE PREPARED QUEST (insert year)	VENUE	
DATE		COUNTRY	SINGAPORE
PARTICULARS OF TEAM MEMBER			
Name (as in passport)		Date of Birth (dd/mm/yyyy)	Place of Birth
Address			
			Postal Code:
Telephone (Residence)	Telephone (Mobile)	Fax No.	
Email Address			
PERSONAL INFORMATION			
Hobbies/Interests		Present Occupation	
Place Of Work/School		Special Diet (if any)	
History Of Health (kindly advise of any records of problems with your health)			
In Case Of Emergency, Person To Contact			Relationship With Applicant
Telephone (Residence)	Telephone (Office)	Telephone (Mobile)	
MODE OF PAYMENT [] IFAAS [] CHEQUE [] CASH			
HOSPITALITY PROGRAMME			
1. I will be able to offer home hospitality for participants from overseas.			Yes [] No []
2. If yes, how many Guides/Adult Leaders can you accommodate?			
3. My unit will be able to help out in the hospitality programme.			Yes [] No []

* delete where applicable

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Signature of Applicant

Date



TEAM REGISTRATION FORM

EVENT	BE PREPARED QUEST (insert year)	VENUE		
DATE		COUNTRY	SINGAPORE / _____ (please state)	
Name of Team				
Name of Unit	e.g. GGS 1 st Coy			
TEAM MEMBERS' DETAILS				
No.	Name	Role	NRIC No.	Age
1.		Guider		
2.		Guide		
3.		Guide		
4.		Guide		

This information provided above is true and correct. I agree to abide by the rules and regulations of BP Quest (insert year).

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Signature of Team Leader

Date