



APPLICATION FORM  
FOR DIAMOND MOOT  
Petchaburi, Thailand 2008

*“SAVE THE EARTH, SERVE THE WORLD”*

Photo

## PERSONAL DETAILS

Surname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Given Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_  
Rover Crew/Scout Group \_\_\_\_\_  
Region/District / \_\_\_\_\_ Country \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Religion \_\_\_\_\_ Food Specification \_\_\_\_\_

**I wish to attend Diamond Moot as:**

- A PARTICIPANT** (16 -25 Yrs old)  
 **MOOT STAFF** (26 Years or older at the time of the Moot)

## EMERGENCY CONTACT INFORMATION

Please give details of an Emergency Contact for the duration of the Moot.

### 1. The details of your contact person who is not attending the moot with you.

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_  
Email address \_\_\_\_\_  
Are any direct family members also attending the Moot?  Yes  No  
If YES, Name and relationship \_\_\_\_\_

### 2. The details of your contact person who is attending the moot with you.

Surname \_\_\_\_\_ Given Name \_\_\_\_\_  
Relationship to You \_\_\_\_\_  
How to contact \_\_\_\_\_

Signature \_\_\_\_\_

Application date \_\_\_\_\_/\_\_\_\_\_/2008

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For officer : application number \_\_\_\_\_ Recorder \_\_\_\_\_

# MEDICAL DETAILS

For officer : application number \_\_\_\_\_

Surname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Given Name \_\_\_\_\_  
Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Type \_\_\_\_\_

## MEDICAL CONDITIONS

Will you be carrying Medication at the Moot? \_\_\_ Yes \_\_\_ No

If YES please provide details below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medication Dosage Reason

Do you have any allergies or adverse reactions? \_\_\_ Yes \_\_\_ No

(e.g Drugs, Plasters, Toiletries, Food, Insects, Animal Hair, Dust Mites)

If YES please provide details below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Allergies Type of Reaction Treatment

Do you use any medical aids? \_\_\_ Yes \_\_\_ No

If YES please provide details below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER SPECIAL SICKNESS INFORMATION

Do you have any special sickness you want to inform? \_\_\_ Yes \_\_\_ No

If YES please provide details below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Application date \_\_\_\_\_ / \_\_\_\_\_ / 2008

In recommending this application, I certify that this applicant is a fit and proper person to attend the moot, and I have personally checked this application for accuracy and completeness.

To be signed by authorized person  
Such as scout leader, group leader,  
Commissioner or Rober Council.

\_\_\_\_\_  
( \_\_\_\_\_ )

Position \_\_\_\_\_