



# Raft Team Information

**THIS FORM MUST BE HANDED IN AT PREREGISTRATION.**

**PLEASE NOTE REQUIREMENT FOR TROOP SCOUTER/COMPANY GUIDER TO ENDORSE THIS LIST AT BOTTOM OF FORM.**

AN INDEMNITY/PARENT CONSENT FORM FOR EACH TEAM MEMBER MUST ACCOMPANY THIS FORM PLEASE. EACH MEMBER MUST HOLD THEIR SWIMMING BADGE FOR SCOUTS OR GUIDES.

**PLEASE PRINT:**

NAME OF TROOP/COMPANY: \_\_\_\_\_

TEAM RAFT NUMBER: \_\_\_\_\_

		AGE	GENDER		DATE OF BIRTH		
			M	F	DD	MM	YY
TEAM LEADER	1				DD	MM	YY
TEAM MEMBERS	2				DD	MM	YY
	3				DD	MM	YY
	4				DD	MM	YY
	5				DD	MM	YY
	6				DD	MM	YY

**NB: THIS LIST COUNTS FOR POINTS - SCRAP PAPER NOT ACCEPTABLE**

SIGNED: \_\_\_\_\_

TEAM LEADER

**TROOP SCOUTER/COMPANY GUIDER ENDORSEMENT (Must be completed before entry is accepted)**

I do hereby confirm that the team list of members who will be on the raft during the Kon-Tiki competition is correct and each of these members holds the necessary Swimming badge.

PRINT NAME	SIGNATURE	DATE



# Fringe Team Information

**THIS FORM MUST BE HANDED IN AT PREREGISTRATION.**

**COMPLETE ONE FORM FOR EACH FRINGE TEAM ENTERED**

AN INDEMNITY/PARENT CONSENT FORM FOR EACH TEAM MEMBER MUST ACCOMPANY THIS FORM PLEASE. ALL TEAM MEMBERS MUST NOT YET HAVE TURNED 18 YEARS OLD.

**PLEASE PRINT:**

NAME OF TROOP/COMPANY: \_\_\_\_\_

TEAM RAFT NUMBER: \_\_\_\_\_

	Full Name of Team Member	Age	Band Collected? (Office use only)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

***NB: SCRAP PAPER NOT ACCEPTABLE***

PRINT NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**T E A M L E A D E R**

FRINGE LEADER CELL NUMBER: \_\_\_\_\_

**SCOUTS South Africa  
Western Cape Province**



# Cell Phone Registration Form

TO BE COMPLETED AND HANDED IN AT KON-TIKI HEADQUARTERS ON ARRIVAL AT THE BASE ON FRIDAY. MUST BE HANDED IN NO LATER THAN 17H00 ON FRIDAY.

THE CONTACT PERSONS CELL PHONE NUMBERS MUST BE FOR PERSONS ON THE RAFT AND AT THE BASE FOR THE DURATION OF THE EVENT. THE TROOP SCOUTER/COMPANY GUIDER INFORMATION MUST ALSO BE COMPLETED, WHETHER AT THE BASE OR NOT.

**Ensure that you have sufficient air time for the weekend.**

PLEASE PRINT:

NAME OF TROOP/COMPANY:

TEAM RAFT NUMBER:

## RAFT CELL PHONE INFORMATION

### CELL PHONE NUMBER

Team Leader 

NAME	<input type="text"/>	NO.	<input type="text"/>
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Team 2nd 

NAME	<input type="text"/>	NO.	<input type="text"/>
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## FRINGE TEAM CELL PHONE INFORMATION

### CELL PHONE NUMBER

Team Leader 

NAME	<input type="text"/>	NO.	<input type="text"/>
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Team 2nd 

NAME	<input type="text"/>	NO.	<input type="text"/>
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(Please include additional fringe team cell phone details on the back of this form)

## CAMPERS CELL PHONE INFORMATION

Adult-In-Charge  
Name:

Cell Phone Number

## TROOP SCOUTER/COMPANY GUIDER CELL PHONE INFORMATION

Scouter/Guider  
Name:

Cell Phone Number

Must be handed in no later than 17h00 on Friday