



Change of Registration of a Scout Group

THREE COPIES of this form should be completed and sent to the District Secretary, who will forward them to Headquarters via the District Commissioner. After the requested change has been recorded, one copy of the form will be retained by Headquarters, the second sent to the County Secretary and the third to the District Secretary. Complete sections A and E, plus B, C or D as appropriate in BLOCK CAPITALS.

A	Present Title of Scout Group in full	Registration No.								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Name of Scout County/Area</td> <td style="width: 5%;">No.</td> <td style="width: 30%;">Name of Scout District</td> <td style="width: 5%;">No.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Name of Scout County/Area	No.	Name of Scout District	No.					
Name of Scout County/Area	No.	Name of Scout District	No.							

B **Change of Title**
Proposed new title in full.....

C **Change of Sponsorship**
The Group is (NOT*) *SPONSORED*, and in future will (NOT*) be *SPONSORED* **please delete as appropriate*

If the Group is to be SPONSORED enter in the space below which of the following apply to the Group:
Name and Religious body, Hospital, School or other.....
Name of Sponsoring Authority.....
Appointment Held.....

I approve the registration of this Sponsored Group and accept the obligations and responsibilities of Sponsoring Authority as listed in Policy, Organisation & Rules.
I release this Group from sponsorship.
Signature of Sponsoring Authority.....

D **Transfer to another District Scout Council**
Name of District Scout Council receiving transfer.....

Approval of the District Executive Committee of the above and it's District Commissioner

Signed.....District Secretary Signed.....District Commissioner

Approval of the County Commissioner (of both Counties in the case of a transfer to another County)

Signed..... Date..... Signed..... Date.....

E Signed.....G.S.L. or G.S.L. (Acting)
Recommended by the District Executive Committee.....District Secretary
Approved by District Commissioner..... Date.....

The change of Registration will bear the date on which this form was signed by the D.C.

FOR HEADQUARTERS USE ONLY											
Date of Registration	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Registration No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

(Continued overleaf)

Amalgamation of a Scout Group

Complete sections F-L

F Proposed name of New Scout Group in full

Name of Scout County/Area	No.	Name of Scout District	No.

G If the NEW Group is SPONSORED, indicate which of the following apply to the Group:-

Name and Religious body, Hospital, School or other.
 Name of Sponsoring Authority.....
 Appointment Held.....

I approve the Registration of this Sponsored Group and accept the obligations and responsibilities of Sponsoring Authority as listed in Policy, Organisation & Rules.

Signature of Sponsoring Authority.....

H Numbers at date of application:

Beavers.....	Cub Scouts.....	Scouts.....
Instructors.....	Instructors.....	Instructors.....
Scouters.....	Scouters.....	Scouters.....

J

	First Name(s)	Surname	Address
G.S.L.			
A.G.S.L.			
B.S.L.			
C.S.L.			
S.L.			

K Details of Groups to Amalgamate

Group Title.....	Group Title.....
Registration No.	Registration No.

DECLARATION BY SPONSORING AUTHORITY (if any)

I approve of this amalgamation and release sponsorship as listed in Policy, Organisation & Rules.

Signed.....Date..... Signed.....Date.....

L Signed.....
 G.S.L. OR G.S.L. (Acting)

Recommended by the District Executive Committee.....
 District Secretary

Approved by..... Date.....
 District Commissioner

The Certificate of Registration will bear the date on which this form was signed by the D.C.

FOR HEADQUARTERS USE ONLY										
Date of Registration	Registration No.									
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