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Activity Name _____

Country of origin:
National Scout Association:
Scout group:
Address of the scout group:

Number of participants

age	M	F	total
<12			
12-15			
16-20			
20<			
Leaders:			

Contact at home

First name and Family name	E-mail
Address	Telephone
	Fax

Contact in Croatia

Leaders first name and Family name	Leaders mobile	Leaders e-mail
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About the activity

Date of arrival:	Date of departure:
Visiting places, events, program:	
Contact of partner group in Croatia (if existing):	
E-mail	Telephone/mobile

Please complete this form and send it to at least one of these contacts no later than 2 weeks before the activity starts

E-mail: sih@sih.hr	Or by post: Savez izvidaca Hrvatske Preradoviceva 7/1 10 000 Zagreb
Fax no: +38514872165	