

INTERNATIONAL VISIT FORM



**THE *scout* ASSOCIATION
OF MALTA**

1. Details of Maltese Scout Group:

| | |
|--|--|
| Scout Group: | |
| Name & Surname of Scouter in charge: | |
| Rank: | |
| Date of Birth: | |
| ID Card Number: | |
| Passport Number: | |
| Mobile Number: | |
| Email address: | |
| Name, Surname and mobile number of contact in Malta who will be updated with progress: | |

2. Type of International Visit (Tick one or more as appropriate)

| | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| Attending an International Scouting Event | <input type="checkbox"/> | Staying at a foreign Campsite or HQ | <input type="checkbox"/> |
| Hosting a foreign Scout Group | <input type="checkbox"/> | YIA Project | <input type="checkbox"/> |
| Other (please specify) | | | |

Country and place of visit

Dates from to

3. Number of Participants

| | <u>From Malta</u> | <u>From Overseas</u> |
|-------------------------|--------------------------|-----------------------------|
| Cub Scouts | | |
| Scouts | | |
| Ventures | | |
| Rovers | | |
| Leaders | | |
| Others (specify) | | |

4. Details of Overseas Group

| | |
|--------------------------------------|--|
| Scout Group: | |
| Name & Surname of Scouter in charge: | |
| Rank: | |
| Mobile Number: | |
| Email address: | |
| Name & Surname of next of kin: | |
| Mobile Number of next of kin: | |

5. Visit Details: Aims and Objectives

6. Flight Details and Itinerary

7. Details of Accommodation

I confirm that all members of the travel group are covered by an appropriate travel insurance. Please find attached a list of participants and a copy of our tentative programme.

Date of Application :

Signature:

When completed this form should be returned, with the attachments, by email to international@maltascout.org.mt or mailed to the following address:

The Scout Association of Malta
Island Headquarters,
Congreve Memorial Hall,
E.S. Tonna Street,
Floriana FRN1480,
MALTA