Form C/2 (06/02)

The Scout Association, Records Department Gilwell Park, Bury Road, Chingford, London, E4 7QW Tel: 020 8433 7100 Fax: 020 8433 7103



Change of Registration of a Scout Group or Local Venture Scout Unit

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.

Present Title of Scout Group of Local Venture Sco	ut Unit in full	Registration No.
47H ASHBY - DE-LA-ZONCH (BAH	राहर]	42054
Name of Scout County/Area No	Name of Scout District	No.
LEICESTERSHILE	ASHBY AND COALVILL	E 01320
Change of Title Proposed new title in full. 474 A5 tt69 0	E 14 Zarry	
	C 77 20CK	
Change of Sponsorship		
The Group is (NOT*) SPONSORED, and in future w	rill (NOT*) be SPONSORED *please del	ete as appropriate
If the Group is to be SPONSORED enter in the space	below which of the following apply to the G	Group:
Name and denomination of Church, Hospital, School		and the second second
Name of Sponsoring Authority		
Appointment Held		
I approve the registration of this Sponsored Group		
Authority as listed in Policy, Organisation & Rules.		
I release this Group from sponsorship.		
Signature of Sponsoring Authority.	analine - Group has now not be	gen spanowed
	20 years.	
Transfer to another District Scout Council		
Name of District Scout Council receiving transfer		
	mittee of the above and it's District Con	
SignedDistrict Secre	etary Signed	District Commissione
Approval of the County Commissioner (of both Counti	es in the case of a transfer to another Coun	ty)
Signed Date	Signed	Date
Signed		G.S.L. or G.S.L. (Actin
Recommended by the District Executive Commit	7-10 A	District Secreta
Approved by District Commissioner		Date 6-1-05
Approved by District Continuessioner	1900 mm	. Date.w
The change of Registration will bear the date on w	hich this form was signed by the D.C.	
FOR HEAD	QUARTERS USE ONLY	
Date of Registration 0601105	Registration No.	42054

(Continued overleaf)



THE SCOUT ASSOCIATION
The Records Office
Churchill Industrial Estate,
Lancing, West Sussex, BN15 8UG.
Telephone: Lancing (0903) 755352

Change in Group Registration See Policy, Organisation & Rule 5 iv

Three copies of this form should be completed, where applicab						
Present title of Group 47H ASHBY SOUT SROUP Registration Number 42054						
Present District Scout Council ASHBY & COALVIUE Scout County ABCESTES HO						
Commissioner's District ASHSY & COASWLEE Date 1/1/89						
Change of Title Proposed new title Change of Title Change of Title						
Change of Sponsorship						
Body by which the Group has been or will be sponsored ASHBY BAFTIST CHURCH						
The Group has been OPEN, SPONSORED	1					
and in future will be OPEN, SPONSORED	<i>/</i>					
DECLARATION BY SPONSORING AUTHORITY If the change is from Open to Sponsored I agree to accept the obligations and responsibilities of the Sponsoring Authority on the change of registration of this Group or if the change is	from Sponsored to Open I approve this change of registration.					
	Signed					
Transfer to another	Transfer to another District Scout Council					
Name of District Scout Council receiving transfer						
Approval of the District Executive Committe	e of the above, and it's District Commissioner					
	Signed District Commissioner					
Approval of the County Commissioner (of both Co	ounties in the case of a transfer to another County)					
Signed	Signed					
Amalgamation of Groups						
DETAILS OF GROUPS TO AMALGAMATE W	ITH THE GROUP AT THE TOP OF THE PAGE					
Group title	Group title					
Registered number	Registered number					
DECLARATION BY SPONSORING AUTHORITY (if any) We approve of this amalgamation, and release sponsorship.	DECLARATION BY SPONSORING AUTHORITY (if any) We approve of this amalgamation, and release sponsorship.					
Signed and dated	Signed and dated					
DETAILS OF THE AMALGAMATED GROUP						
Proposed title in full						
Address of Group Headquarters						
If the Group is sponsored, state whether SPONSORED (OPEN church, name and type of School (if Special School, state type), any, of the following apply to the Group: EXTENSION (state n	I) or SPONSORED (CLOSED), the name and denomination of Institution, etc. If not sponsored, write OPEN. State which, if nature) WORKS, HOME, HOSPITAL, SCHOOL (state type).					

Form C2

FORM C (Rev. 2/73)

THE SCOUT ASSOCIATION SCOUT GROUP REGISTRATION

Instructions:— THREE COPIES of this form should be completed and sent to the Secretary of the District Scout Council, who will forward them through the District Commissioner to Headquarters. The Group will then be registered at Headquarters until the following 31st March, and notification will be sent to the Scouter concerned through the Secretary of the District Scout Council. One Copy of the form will be retained by Headquarters, the second sent to the County Secretary, and the third to the Secretary of the District Scout Council.

	Please use BLOCK CAP	PITALS except wh	ere signature is required as HBY AND	COALVILLE
Scout Cour	ASHRY AND COATUTTIE	Commissioner's Distr		
District Sco	Out Council ASTIST AND COALY TIME 4THASHBY-DE-LA-ZO	OUCH (BAPTIS	ST)	
Proposed N	ame of Group in full			
Address of	Group Headquarters Baptist Church	, Brook St.	, Asnby	
Church, nai	roup is SPONSORED under P.O.R. Appendix III/24 me and type of School (if Special School, state type ored (open) Ashby-de-la-Ze	e), Institution, etc. If	not sponsored write "OPEI	(Closed), name and denomination of N".
	consoring Authority	acidont and	Chunch Comoto	
	The Hora to.g. viour, Williator, Floadinates ,			ry
Has this Gr	oup been registered previously? If so, give details of	of Title and Registere	d Number No	
Long	prove the registration of this Sponsored Group, and	acant the ability in	end was ensibilities of Sp	onsoring Authority.
ı apı			isipilities of Sp	onsoring Additiontry.
7/40/2	Signature of Sponsoring Authority			
Enter in thi	s space, which, if any, of the following apply to		Numbers at date of a	pplication
	Extension (state nature), Works, Home,	Scouters		5 Venture Scouts
Hospital, So	chool. If School, state type.	Instructors		Venture Sea Scouts
		Cub Scouts _	20 Air Scouts	Venture Air Scouts
	Names in full underlining Surname	Date of Birth	Δ	ddress
.10	Tanies in fair under inning Surname	Date of Birth	^	
3.5.L.				
A.G.S.L.				
C.S.L.				
.c.s.L.				
A.C.S.L.				
5.L.				
A.S.L.				
A.S.L.				
/.S.L.				
A.V.S.L.				
A.V.S.L.				
S	signed			Prospective G.S.L.
				(or Scouter in charge) District Executive Committee Cha
	Recommended by			
				_District Secretary
Address of	District Secretary			
Approved b	ру	District Commissi	oner FOR HEAL	DOUARTERS USE ONLY FEICE
Date	6-9-76		Date of Registrati	AND ARECCED TOTE
	Please quote this number in all cor	respondence	Registered Number	1 42054
	CHECKED 1 4 SEP 1976			NOING SUSSEX. ENTO