



DOCUMENT

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**INTENT OF PARTICIPATION FORM**

Name of NSO	
Number of Participants <i>(Please provide details below)</i>	
Name of Head of Contingent	
Telephone & Email of Head of Contingent	
Are you interested in visiting different sites before or after the conference in Zimbabwe?	YES [ ]                      NO [ ]

**DETAILS OF PARTICIPANTS**

	Full Name	Sex F/M	Date of Birth DD/MM/YYYY	Nationality	Valid Passport Number	Function/Position in the NSO
<b>Y O U T H  F O R U M</b>						
<b>C O N F E R E N C E</b>						
<b>O T H E R S</b>						

Kindly return this form, duly completed, signed and stamped to the the International Commissioner of the Scout Association of Zimbabwe at [zimbabwescouts@gmail.com](mailto:zimbabwescouts@gmail.com) with a copy to the World Scout Bureau Africa Support Centre ([africaconference@scout.org](mailto:africaconference@scout.org)) not later than **10 May 2018**.

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Full Name of NSO Official                      Signature & NSO Stamp                      Date