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Military Youth Group Membership Application Form - 2024

Name of Group or Unit:

GROUP LEADER/CONTACT DETAILS

OTHER LEADERS' DETAILS

Full Name:

Address:

Post Code:

Home Phone:

Mobile Phone:

Work Phone:

E-mail:

Relevant Qualifications:

Full Name:	<input type="text"/>
Home Phone:	<input type="text"/>
Mobile Phone:	<input type="text"/>
Work Phone:	<input type="text"/>
E-mail:	<input type="text"/>
Relevant Qualifications:	<input type="text"/>
Full Name:	<input type="text"/>
Home Phone:	<input type="text"/>
Mobile Phone:	<input type="text"/>
Work Phone:	<input type="text"/>
E-mail:	<input type="text"/>
Relevant Qualifications:	<input type="text"/>
Full Name:	<input type="text"/>
Home Phone:	<input type="text"/>
Mobile Phone:	<input type="text"/>
Work Phone:	<input type="text"/>
E-mail:	<input type="text"/>
Relevant Qualifications:	<input type="text"/>
Full Name:	<input type="text"/>
Home Phone:	<input type="text"/>
Mobile Phone:	<input type="text"/>
Work Phone:	<input type="text"/>
E-mail:	<input type="text"/>
Relevant Qualifications:	<input type="text"/>

What are the main objectives of your group?

On which days and at what times would you want to use the Centre?

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