

Registration Form



Please print clearly

Version April 2019 / April 2020

Surname	Forename(s)				
Address					
Post code					
Tel No.		e-	mail		
Date of birth//_	Age	Uni	t		
Guider's name			Go! Number_		
I would like to enter the	Award at	Bronze	Silver	Gold	
Have you previously be	en registered to do	DofE with and	other Licensed	Organisation (e.g. a school)?	YES NO
If so, which one?					
Do you already have ar	n eDofE ID No, and	if so, what is	t?		
Signature of Applicant Date					
Please enclose a cheque payable to "Anglia Region Guide Association" with your Application. Your Registration costs $£22$ (or $£29$ if it is a Gold Registration that you require).					
Consent of parent	or guardian (fo	r young peopl	e under 18 yea	ars of age)	
I agree to my daughter/ward participating in The Duke of Edinburgh's Award.					
I agree to my daughter/ will be used to in conjur	ward being contact action with her onlin	ted directly usine eDofE acco	ng the e-mail a unt.	address above. This e-mail addr	ess
I agree to photographs Girlguiding Anglia.	taken during Award	d activities bei	ng used for Pul	blicity purposes and /or Award F	Promotion within
Signature of Parent/Gu	ardian	ا	Name	Date/	
For office use	Registration Issue	e Date		GGA Ref. No.	