



THE BOY SCOUTS ASSOCIATION

OF NEW ZEALAND

Application for Registration of a Scout Group

1. Proposed Name of Group CALLIOPE SEA SCOUT GROUP
 District NORTH SHORE Province AUCKLAND
2. Date of Commencing Activities Scouts 25/6/63 Cubs
3. If Group sponsored by a particular School, Church, Sunday School or Society, state name of that body
- In the case of sponsored Groups, a statement of the qualifications for membership of the Group and the recruitment policy to be followed must be attached to this application. See P.O.R. Rule 179 (5).
4. Are you starting a (1) Wolf Cub Pack
 (2) Boy Scout Troop ALREADY IN EXISTENCE
 (3) Senior Scout Troop —
 (4) Rover Scout Crew —

5. Proposed Scarf colours (please describe accurately. Must be the same for all sections of Group): BLACK



6. MEETINGS:
- | | | | |
|----------------|----------------------------|--------------------|-----------------------|
| Cubs: | Place | day | time |
| Scouts: | Place <u>HUNZ DOCKYARD</u> | day <u>TUESDAY</u> | time <u>6.30 p.m.</u> |
| Senior Scouts: | Place | day | time |
| Rovers: | Place | day | time |
| Committee: | Place | day | time |

7. OFFICIALS:
- | | Name | Address |
|------------------------------------|------------------------------|-------------------------------|
| Chairman | <u>MR. J. SOMERVILLE</u> | <u>25 SUMMER ST. D'PORT.</u> |
| Secretary | <u>MRS. A. GYDE</u> | <u>29 RUTLAND RD D'PORT</u> |
| Treasurer | <u>AS ABOVE</u> | |
| Auditor | <u>—</u> | |
| Cubmaster | <u>MISS M. DONAGHUE</u> | <u>HUNZ'S PHILOMER D'PORT</u> |
| Assistant Cubmaster | <u>MISS M. KING</u> | |
| Scoutmaster | <u>MR. J.A. BELL</u> | <u>7 COWPER ST. D'PORT</u> |
| Assistant Scoutmaster | <u>MR. A. SOMERVILLE</u> | <u>25 SUMMER ST. D'PORT</u> |
| Scoutmaster Senior Troop | <u>—</u> | |
| Assistant Scoutmaster Senior Troop | <u>—</u> | |
| Rover Leader | <u>—</u> | |
| Assistant Rover Leader | <u>—</u> | |
| Group Scoutmaster | <u>S.M. ACTING AS G.S.M.</u> | |

DECLARATION. We the undersigned hereby make application for Registration as a Group of The Boy Scouts Association, and we agree if this registration is confirmed, to conduct the business of the Group and the training of the boys in accordance with the Policy Organization and Rules now in force or which may be issued by The Boy Scouts Association of New Zealand.

Date 30/4/63 Signed J. Somerville Chairman
 Signed M. Gyde Secretary

Registration recommended _____ District Commissioner

Date _____ Registration approved and countersigned.

Signed _____ Provincial Commissioner. Date _____

(BLOCK CAPITALS PLEASE!)

THE BOY SCOUTS ASSOCIATION

OF NEW ZEALAND



Application for Registration of a Scout Group

1. Proposed Name of Group: [Handwritten: AUCKLAND BOY SCOUTS GROUP]

2. Immediately on the formation of a new Section or a new Group this form should be completed in triplicate—one copy should be pasted in the Group Committee minute book, and two copies forwarded to the District Commissioner. After approval by the District Commissioner, one form will be forwarded to Dominion Headquarters for Registration.

When Registration has been approved it will be confirmed by a Letter of Authority from Dominion Headquarters. In the case of a new Group a copy of Policy, Organization and Rules will be forwarded together with other literature.

Scarf colours and Group name must not be adopted until confirmed by the District Commissioner, so as to prevent duplication within the District.

A Registration fee of 10/- is due and payable on the registration of a new group, and remittance should accompany this form.

No fee is required on subsequent registration of another section of the Group.

When only a new section is being started the name of the Group will remain unaltered but should be shown in Question 1.

In Question 4 existing sections should be marked "already in existence" and the new section clearly indicated.

THE BOY SCOUTS ASSOCIATION
of New Zealand
DOMINION HEADQUARTERS,
P.O. Box 6355,
WELLINGTON, C.2.

2,000/7/58

Group Commissioner: [Handwritten: M. J. ...]
Assistant Commissioner: [Handwritten: ...]
Secretary: [Handwritten: ...]
Treasurer: [Handwritten: ...]
Auditor: [Handwritten: ...]
District Commissioner: [Handwritten: ...]

Date: [Handwritten: 24/1/58]
Signed: [Handwritten: ...]
District Commissioner: [Handwritten: ...]
Date: [Handwritten: ...]
Signed: [Handwritten: ...]

PROCTER CYLINDER REVERSIBLE