



S/QG Registration: for Queen's Guide Award

Please complete and send out three copies, one to the County Queen's Guide Co-ordinator, one to your Country/Region Office, and one to CHQ.

Surname _____

First names _____

Address _____

Postcode _____

Telephone _____

Mobile _____

E-mail _____

Date of birth _____

Unit _____

District _____

Division _____

County _____

Mentor's surname _____

Mentor's first names _____

Address _____

Postcode _____

Telephone _____

Mobile _____

E-mail _____

Signed _____

Mentor's signature

Date of first meeting (start date) _____

Planned break — from (date) _____ to (date) _____

Finish date (including planned break) _____

Signed _____

District Commissioner

Signed _____

Candidate's signature



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