

Yes, I want Boys' Life

\$6.00 additional

Troop 246 is paying half the cost!

**TROOP 246**

**2008-2009 Youth Registration**

**Information Form**

**September 2008**

Eagle Scout

OA member

Registration fee is \$40.00. Boys' Life magazine subscription, if desired is \$6.00 additional. All subscriptions will be submitted in December when our Troop re-charters. **Please print CLEARLY.**

SCOUT NAME \_\_\_\_\_

SCOUT MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

E-mail address. PLEASE NOTE: **ALL** Troop communications will be sent to parent e-mail address.

**CURRENT** school grade level and school (as of 9-3-08) \_\_\_\_\_

**CURRENT** SCOUT RANK (as of 9-3-08) \_\_\_\_\_

Please provide all information below completely. Indicate by checking the box ( ), **main parental contact.**

Mother's name \_\_\_\_\_ Home phone # \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's e-mail address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone # \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's e-mail address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

*PARENTAL* areas of SPECIAL INTEREST or specialty \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship to Scout \_\_\_\_\_

Phone #s \_\_\_\_\_

**SCOUT HEALTH INFORMATION:**

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

EMERGENCY MEDICAL INFORMATION (allergies, asthma, any condition that may require special attention)

\_\_\_\_\_

Please make checks out to **TROOP 246** and return to **REGISTRAR ASAP.**