

Pack 544 Registration 2015-2016

☐ New ☐ Returning ☐ Transfer From _____

Scout's Information

Name: _____

Birthday: _____

Grade / ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th
Den: ☐ Tiger ☐ Wolf ☐ Bear ☐ Webelos ☐ Arrow of Light

School: _____

Home Address: _____

Primary Parent / Guardian Contact:

Name: _____

Relationship: ☐ Parent ☐ Grandparent ☐ Legal Guardian

Email Address: _____

Primary Phone: _____

Alternate Phone: _____

Alternate Parent / Guardian Contact:

Name: _____

Relationship: ☐ Parent ☐ Grandparent ☐ Legal Guardian

Email Address: _____

Primary Phone: _____ **Alternate Phone:** _____

Special needs, medical conditions or other pertinent information:

Popcorn Fundraising or Opt-out

☐ Minimum \$500 in sales

☐ Opt-Out \$25 fee

* Scouts receive 25% of all sales

Parent Volunteer

☐ As a parent, I will volunteer for:
