

**YOUTH
MEMBERSHIP**

CAMP SETON 2010 SUMMER CAMP

Cub Scout/Boy Scout Membership Form

Please check
the appropriate
registration

Cub Scout _____
(Entering Grades 2-5)
Boy Scout _____
(Entering Grades 6-8)

Please complete the entire application

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City State Zip code

Home phone Date of birth (mm/dd/yyyy) Grade Ethnic background:

African American Native American Alaska Native Asian

Caucasian/White Hispanic/Latino Pacific Islander Other

School Gender: Male Female

Parent/guardian information Mark here if address is same as above.

Select relationship: Parent Guardian Grandparent Other (specify)

First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City State Zip code

Home phone Date of birth (mm/dd/yyyy) Occupation Employer Gender: M F

Business phone Ext. Previous Scouting experience Cell phone

Parent/guardian e-mail address

Signature of unit leader (or designee) Date

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Leave Blank ↑

Sign Here ↑

LOCAL COUNCIL COPY

524-406A Retain on file for three years.