

SPL-2-B REGISTRATION FORM

(PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE)

#5

SPL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

HOME TROOP _____

WEEK _____

HOST TROOP _____

WEEK _____

MOTHER'S NAME _____

WORK PHONE _____

FATHER'S NAME _____

WORK PHONE _____

SCOUTMASTER _____

HOME PHONE _____

ADDRESS _____

WORK PHONE _____

CITY _____ STATE _____

ZIP CODE _____

PRESENT RANK OF SPL-2-B _____

YEAR OF PIPESTONE THAT SPL-2-B PRESENTLY HOLDS _____

AMOUNT OF PAYMENT FOR 1ST WEEK \$ _____

RECEIPT # _____ PAID ON _____

PARENT'S SIGNATURE _____ DATE _____

SCOUTMASTER'S SIGNATURE _____ DATE _____

(There is no charge for the 2nd week of camp for the SPL-2-B)

CAMP USE ONLY

HOST SCOUTMASTER _____ TROOP NO. _____

CAMP DIRECTOR'S APPROVAL _____ DATE _____

HEALTH OFFICER NOTES: