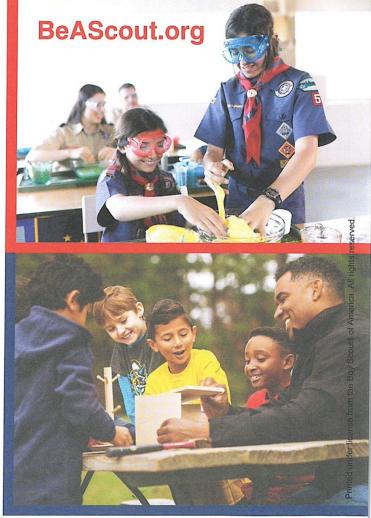






BEST. DO YOUR





Check Out the Fun in Scouting!

By completing the form on the back "I understand that my child is being registered in a program offered by the Boy Scouts of America. I give my consent for my child being registered and participating in the program."

Boys & Girls in K-5th Grade: We Want YOU to Join Cub Scouts Pack 3885!

When: Monday, September 14th at 6:00 pm Where: Rochester Park- Sheboygan Falls

For more information, contact:

Brian Wildman at (920) 838-1663 or 3885brian@gmail.com Please reach out with any questions or concerns.

BSA YOUTH MEMBER APPLICATION

YOUTH INFORMATION	BSA TOUTH MEMBER AP	PLICATION		
First name (Full legal name)	Middle name Last	name	Suffix	Preferred nickname
Country Mailing address	City		L	to Zip code
				te Zip code
Phone Date of	of birth (mm/dd/yyyy) Grade	Ethnic background:		
		~~		Gender: Omale OFemale
School		OBlack/African American ONative American	OAlaska Native	o made of children
		OCaucasian/White OPacific Islander OHispanic/Latino OOther	OAsian	
DADENT/LEGAL CHARDIAN INFORMATION		Office Catalog Codie		OScout Life subscription
PARENT/LEGAL GUARDIAN INFORMATION				
	e the Lion or Tiger adult partner. OMark here if the Lion of	r Tiger adult partner is not living at the same addres	s and complete and atta	ich an adult application.
Select relationship: OParent OLegal Guardian OGran	ndparent O0ther (specify)			
First name (Full legal name)	Middle name Last	name	Suffix	Preferred nickname
Country Mailing address	City		L Stat	te Zip code
Primary phone Date o	of birth (mm/dd/yyyy) Occupation	Employer		
	7/11/11/11	Employer		Gender:
Alternate phone Ext.	Previous Scouting experience			OMale OFemale
	1 revious Scouling experience			
I have read the attached information for parents and approve application. I affirm that I have or will review How to Protect You	the bur			
Children From Child Abuse: A Parent's Guide.		Parent/legal guardian email address		
Signature of parent/legal guardian	Date		<u> </u>	
	To be completed by	unit		
			Carrier Company	the control of the second seco
Signature of unit leader (or designee)	Date			
Unit type: OPack OTroop Ocrew OShip		If applicant has unexpired membership certi- no charge by transferring the registration or	ficate, registration ma	ay be accomplished at
	OLone Scout Arrow of Light	OTransfer application Enter membership r		
Unit No.: For pack registration select on	ne: OLion OTiger OWolf OBear OWebelos	OMultiple application from unexpired cert		
		Council No.: Unit OPack C	Troop Unit No. or dist	rict name:
		type:	•	
Registration fee \$ Scout Life fee \$	PAID: O Cash O Ch	eck No O Credit c	-	
		O Orealt C	aru	

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