

ADDITIONAL REGISTRATION FOR CUB SCOUT OUTDOOR ADVENTURES 2017

Please write in the Event and Dates on this form, registering for: _____

Scout Registration

Unit # and Type _____ MAIN CONTACT ADULT'S NAME _____

CITY _____ PHONE _____ EMAIL _____

Unit Registration

Please fill in below or attached your own roster: Unit # _____

Youth Names: (Please Print)	Age	Shirt Size	Youth Names: (Please Print)	Age	Shirt Size

Adult Names: Please Print	Shirt size	Adult Names: Please Print	Shirt size

Youth attending: # _____ + Adults attending: # _____ = Total attending: # _____

For camps that offer T-Shirts to youth (Akela Camps), please write in shirt size (Adults get shirts at Akela Camps) Shirts are for early sign ups.

Don't forget your health forms before camps start!! Parts A and B

Payment Method:

_____ Check is enclosed Visa/MC/AMX _____ Exp. Date _____

Name as it appears on card: _____ Signature _____

Please take payment from our unit Account: Authorized by _____

Mail: Santa Fe Trail Council, 1513.5 E. Fulton Terrace, Garden City, KS 67846 Fax 620-275-6508

Scan and Email: santafetrail@scouting.org

Go to www.sftcbsa.org/health-forms for Health Forms Parts A & B.