

# SPL-2-B REGISTRATION FORM

(PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE)

# #5

**PLEASE PRINT**

SPL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME TROOP _____
WEEK _____
HOST TROOP _____
WEEK _____

MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HOME TROOP 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 1<sup>ST</sup> WEEK \$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_ PAID ON \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME TROOP SCOUTMASTER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**CAMP USE ONLY**

HOST TROOP SCOUTMASTER \_\_\_\_\_ TROOP NO. \_\_\_\_\_

CAMP DIRECTOR'S APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

HEALTH OFFICER NOTES: