

Below is a check list of All items needed for Scout Enrollment.  
If you have any questions, please email bsapack534@gmail.com

Scout Application  
Annual Health & Medical

T-Shirt Order Form w/payment  
Activity Consent

Parent Talent Survey  
Photo Release

Scout's Legal Name \_\_\_\_\_ Den No: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Rank: \_\_\_\_\_  
Scout's Date of Birth: \_\_\_\_\_  
Scout's Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

check if address same as Scout's:

Adult Name: \_\_\_\_\_ relation to Scout: \_\_\_\_\_  
date of birth: \_\_\_\_\_ Youth Protection Trained: \_\_\_\_\_  
Address: \_\_\_\_\_ occupation: \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

\_\_\_\_\_ preferred email for Scouting contact

check if address same as Scout's:

Adult Name: \_\_\_\_\_ relation to Scout: \_\_\_\_\_  
date of birth: \_\_\_\_\_ Youth Protection Trained: \_\_\_\_\_  
Address: \_\_\_\_\_ occupation: \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
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City \_\_\_\_\_ Zip Code \_\_\_\_\_  
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