

*** LAST NAME:**

Boy Scout Troop 75: 2020-2021 Registration

Return on or before **Thursday, October 4, 2020** with a check payable to "Troop 75"
or paypal to troop75nj@gmail.com
Hand in Forms and Check at the Troop meeting

PLEASE PRINT CLEARLY

I. BOY SCOUT INFORMATION: (* Required)

* Family Primary Email:		<input type="checkbox"/> (CHECK IF SAME AS SCOUT)	* Family Home Phone:	<input type="checkbox"/> (CHECK IF SAME AS SCOUT)
* 1st Scout Name:	1st Scout Cell:	1st Scout Email:		
School:	Grade:	Date of Birth:		
* 2nd Scout Name:	2nd Scout Cell:	2nd Scout Email:		
School:	Grade:	Date of Birth:		
\$150.00 per Scout			Total: \$	

II. PARENT INFORMATION: (* Required)

* Parent/Guardian #1 Name:	* Parent/Guardian #1 Cell:
* Parent/Guardian #1 Address:	<input type="checkbox"/> (CHECK IF SAME AS SCOUT) * Parent/Guardian #1 Email:
* Parent/Guardian #2 Name:	* Parent/Guardian #2 Cell:
* Parent/Guardian #2 Address:	<input type="checkbox"/> (CHECK IF SAME AS SCOUT) * Parent/Guardian #2 Email:

III. PLEASE COMPLETE BSA MEDICAL FORM (PART A & B)

- No Doctor signature required
- 2020 Summer Camp Medical Forms may be used (if still valid)
- Include copy of BOTH SIDES of insurance card