

Troop 465 -- 2017 Recharter Roster Information Form

Scout/Adult Information (list all family members on one form)

Family Last Name: _____

Scout #1 First Name: _____ Scout #2 First Name: _____

Scout #3 First Name: _____ Adult First Name: _____

BSA ID# (if known): _____

Home Address: _____
Street City Zip

Phone Number(s): _____
Home Cell

Email Address: _____

For Adults Rechartering:

Adults rechartering - Please provide the following personal and vehicle information to be used when providing transportation for outings:

Date of Birth: _____ Youth Protection Certificate Date: _____

Vehicle Year/Make/ Model: _____

Insurance Policy Limits: _____

Drivers License Number: _____

Dues:

First Scout: \$96 Additional Scout(s): \$84 Adult(s): \$48

(PLEASE NOTE - DISCOUNTS FOR ADDITIONAL SCOUTS DUE NOT INCLUDE BOYS LIFE SUBSCRIPTIONS. IF EACH SCOUT WANTS THEIR OWN SUBSCRIPTION, THEY WILL HAVE TO PAY THE FULL PRICE OF \$96)

Method of Payment: Check#: _____ Cash: _____
Scout Account: _____ Credit/Debit: _____

As the parent of the above-named Scout(s), I hereby give permission for my Scout(s) to register as a member of Boy Scout Troop 465

parent/guardian signature

date

Required Items:

Recharter Document, Dues Payment, BSA Annual Health and Medical Record parts A&B;

Optional Form: BSA Annual Health and Medical Record part C