



Contact Information

Name _____ I would like to be called _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Mobile Phone _____ Work Phone _____
 Primary E-mail _____ Secondary E-mail _____

Personal Information

Date of Birth _____ Spouse's Name _____
 No. of Children Boys _____ Girls _____ T-shirt Size (in men's) _____
 Employer _____ Job Title _____

Scouting Information

Years in Scouting Adult _____ Youth _____ Highest Scout Rank _____ Religion _____
 District _____ Unit Type and Number _____

| Current Registered Position(s) | How Long? | Previous Adult Position(s) | How Long? |
|--|-----------|----------------------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Scout Training (including First Aid/CPR) | When? | Scouting Awards Received | When? |
| | | | |
| | | | |
| | | | |
| | | | |

What do you think is a fair evaluation of your physical condition? _____

How much experience and comfort level with camping? _____

List any special needs (i.e. CPAP, dietary requests)

Please note that electrical power is limited in campsites and may be reserved for medical devices.