

Scout's Name:	Rank:	Pack #	Parish Affiliation:
Participating Sibling's Name(s) that are Participating:			
Accompanying Adult's Name:		Phone Number Home:	Cell:
Street Address:			
City:	State:	ZIP:	Email:
Cost is \$ 5.00 per participant			
Date Check Received	Check #	Amount Received \$	

Yes, I want my Scout(s) / Children: _____, to attend and participate in the Cub Scout Retreat on Sunday, 11/15/09.

Signature: _____ Date: _____

Scout's Name:	Rank:	Pack #	Parish Affiliation:
Participating Sibling's Name(s) that are Participating:			
Accompanying Adult's Name:		Phone Number Home:	Cell:
Street Address:			
City:	State:	ZIP:	Email:
Cost is \$ 5.00 per participant.			
Date Check Received	Check #	Amount Received \$	

Yes, I want my Scout(s) / Children: _____, to attend the Cub Scout Retreat on Sunday, 11/15/09.

Signature: _____ Date: _____