## Troop 128 Scout Registration Boy Scouts of America

Today's Date/		(E' ()		
Scout Name (Last): _		(First):		(M. I.)
Address	City			Zip
Phone Number	Date of	Birth/	/	_ Current Grade
E-Mail Address		Current Patrol		
Any allergies, medical of	conditions, or required medications?	(	if yes, list	on medical form)
Were you a Cub Scout?	If yes, former Pack #			
Were you or are you cu	rrently a member of another Troop?	If yes,	Troop #	
Father's Name		Work Phone #		
Mother's Name		Work Phone #		
E-Mail		Cell Phone #		
Parent's Home Phone ()	If different from Scout's)			
	ferent from Scout's)			
registering with this T (Financial assistance is available)	ear for first Scout in each family, roop.  Stable if needed. See the Committee Chair on the committee Chair of the Committee Chair for pro-rated dues information.	r Scoutmaster for deta		Scout in the family
Please make checks p	ayable to: Boy Scouts Troop 1	28.		
Turn in check and cor	mpleted form to the John Brumley	ve by NOVEMBE	ER 26 <sup>th</sup> , 20	012.
Amount enclosed	Payment type		Che	ck#