Name

I would like to be called

Address

Phone Number (H) (B)

Email

Fax

Occupation Date of Birth

District

Council Name

Years in Scouting: Adult Youth Rank

Current registered position(s)

Adult position(s) held and for how long? (examples: Den leader for 3 yrs.; Scoutmaster for 4 yrs.; etc.)

Scouting awards received

State what you feel is a fair evaluation of your physical condition.

List any special needs.

Camping: How much experience have you had and how comfortable are you with it?

Training experiences in Scouting: (You must have completed the basic training and outdoor skills training for the position in which you are registered.)

Religious preference

(An interfaith service or services will be held. If you have particular religious needs, please specify them here, or otherwise inform the course director. )

First aid training (including CPR)