

Scout Data Collection Form

(please print)

Today's Date: _____

Scout Name: _____ Nickname: _____

Address: _____ Mailing: _____ (if different)

Phone(s) Home: (____) _____ DOB: __/__/__ Age: ____
_____: (____) _____ Grade: _____
_____: (____) _____ School: _____

Father: _____ Mother: _____
Guardian: Y / N Guardian: Y / N

Phone(s) Work: _____ Phone(s) Work: _____
_____: _____ _____: _____

Email: _____ Email: _____

Employer: _____ Employer: _____
Occupation: _____ Occupation: _____
Emergency Contact: _____ Phone: (____) _____

If Applicable:

Allergies: _____

Other conditions, which might limit ability to participate in activities: _____

The Pack 304 Committee would like to include a limited number of photos of pack activities on our website (www.cspack304.org). No names of any scouts would be included on the site. Please indicate your preference regarding the inclusion of your child's picture(s):

____ Yes ____ No Parent/Guardian's Signature _____

Involved parents are the key to our pack's continuing success!

I have special skills or connections in the following area: _____

I can help by volunteering in the following way(s):

- As a Leader or Assistant Leader _____ (ask us about training opportunities!)
- Assisting with (or coordinating!) a coming event
 - Set-up/take-down for a pack meeting _____
 - Environmental Good Turn day _____
 - Popcorn sales _____
 - Fall Event (TBD—camping and/or other outdoor activities) _____
 - Space Derby (November) _____
 - Pinewood Derby (February) _____
 - Bake Sales at Derby events _____
 - Summer Camp _____