

Tiger Scout Registration Form

PACK NO.:	<input type="text"/>	PACK COORDINATOR'S NAME	<input type="text"/>							
LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>	MI:	<input type="text"/>					
DATE OF BIRTH:	<input type="text"/>	AGE as of 6/9/08:	<input type="text"/>	NICKNAME:	<input type="text"/>					
SESSION ATTENDING:	MORNING — 8:30 a.m. - 12:30 p.m.		<input type="checkbox"/>	EVENING — 4:30 p.m. - 8:30 p.m.		<input type="checkbox"/>				
T-SHIRT SIZE:	YOUTH X-SMALL	<input type="checkbox"/>	YOUTH SMALL	<input type="checkbox"/>	YOUTH MEDIUM	<input type="checkbox"/>	YOUTH LARGE	<input type="checkbox"/>	ADULT SMALL	<input type="checkbox"/>
One t-shirt is included with each Tiger's Camp Registration Fee. Extra T-Shirts can be ordered at time of registration for an additional \$10.00. Please indicate quantity in the appropriate shirt size box.										
STREET ADDRESS:	<input type="text"/>						APT	<input type="text"/>		
CITY, ST ZIP:	<input type="text"/>			EMAIL:	<input type="text"/>					
MOTHER / GUARDIAN:	LAST NAME	<input type="text"/>			FIRST NAME	<input type="text"/>				
HOME PHONE:	<input type="text"/>			CELL PHONE:	<input type="text"/>					
FATHER / GUARDIAN:	LAST NAME	<input type="text"/>			FIRST NAME	<input type="text"/>				
HOME PHONE:	<input type="text"/>			CELL PHONE:	<input type="text"/>					

A key component of the BSA Tiger Program is that of *Shared Leadership*, whereby the Tiger and an Adult Partner work together as the Tiger moves through the year. To that end, an Adult Partner **MUST attend all week with his or her Tiger in the Tiger program at Day Camp. Please complete and include all Adult Volunteer forms for the adult partner.**

NAME OF ADULT PARTNER ATTENDING CAMP:	<input type="text"/>		
Parent/Guardian Signature:	<input type="text"/>	DATE:	<input type="text"/>
Parent or Guardian MUST sign and date this form for application to be accepted			

CAMP FEES: Registration \$45.00

Please return this form, BSA Class 1 Medical form and your camp fees (please make check payable to Circle Ten Council) to your Pack Coordinator by:

THIS FORM AND A BSA CLASS 1 MEDICAL FORM MUST BE COMPLETED FOR EACH TIGER SCOUT PARTICIPANT

