

f

REQUEST FOR SCOUT ASSISTANCE FORM (needed for each individual Scout)

Scout's Nar	ne								
Age Date of Birth:		Rank		U1	nit #				
Address									
Parent/Guar	rdian (Prin	nt Name)							
Preferred Telephone Number Email Address									
District (please	e select one)	Cardinal		Eno River	North Star Sana			lhills	
Assistance	Needed:	Shirt Handbook: Registration :	•	Wolf Cub	Bear Scout		os	outs BSA Scouts BSA	A
Youth Natio	onal Registra	ation fee		@	\$			\$	_
New Youth.	Joining fee			@	\$ 25.00			\$	_
	C			• /			Total:	\$	_
Day Can	-	ership (You m Cub/Webelos		-	-	hip app BSA S		· ·	
				Statemer	nt of Need				
Will the your	th participa	te in Council's f	fundraise	rs in 2023 (F	opcorn or S	Scout Ca	ds)?	Yes	No
As parent or	guardian c	of the above nam	ed indivi	dual, I affiri	n that the ai	id reques	ted is n	eeded.	
Parent/Guardian Signature					Date				
	ved this app			this/these Sc	out(s) is/are	e register	ed/regi	stering in my	unit, are in good
Signature				Date					
Printed Name Position in the Unit									
	eechee Coi			ive reviewed	this applice	ation and	l appro	ve the fiancia	l support requested
Signature				Date					
For office Use Date formed r Date items pic	-	vered:	Da By	te order filled whom?	:				