

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

Scout's Name					
Age I	e Date of Birth:		U	nit #	
Address					
Parent/Guardia	n (Print Name)				
Preferred Teleph	none Number	E	mail Address		
District (please cire	cle) Cardina	l Eno River	North Star	Sandhills	
Assistance Ne		Size Tiger Wolf I I ee : Cub I	Bear □Webelos	□Scouts BSA	
Youth National	Registration fee	@	\$	\$	
New Youth Join	ing fee	@	\$ 25.00	\$	
	articipate in Council's f				
As parent or gue	urdian of the above name	ed individual, I affirm	that the aid reque	sted is needed.	
Parent/Guardian	Signature		Date		
my unit, are in g	this application and affi ood standing, and needi	ng the assistance requ	iested:		
Signature					
Printed Name		Positio	n in the Unit		
	<u>l Approval</u> hee Council Board Mem requested per the Memb			d approve the	
Signature			Date		
For office Use on Date formed received Date items picked	y: ved: up/delivered:	Date order filled: By whom?			