BSA TROOP 250 REGISTRATION FORM

(Please Print)

iddle: Position of Responsibility: Age: irth Date (mm/dd/yyyy) Scout's Home phone no.: / / () State: ZIP Code: Scout's Cell phone no. (if applicable): ()		
irth Date (mm/dd/yyyy) / / () State: ZIP Code: Scout's Home phone no.: () ZIP Code: Scout's Cell phone no. (if applicable): ()		
State: State: ZIP Code: Scout's Cell phone no. (if applicable): ()		
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Scout's Cell phone no. (if applicable):		
()		
r) □ Grandparent □ Step Parent		
r) □ Grandparent □ Step Parent		
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lives with Father)		
Medical Forms Part A & B (2 Copies) submitted with this form ☐ Yes ☐ No *Scout will not be registered with Troop 250 until new Medical forms Part A & B including copy of medical insurance card are submitted		
FORMATION		
scout): Mother's Cell phone no.:		
()		
Address (if different than scout): Father's Cell phone no.:		
()		
NG FEES roop 250 until all fees are submitted)		
d: Eagle Scout.: 🗆 Yes 🗅 No		
unt: \$		
Scout Master Approval:		
EDGEMENT		
250 until all fees, new medical forms (parts A & B, 2 copies onally, I understand that other scouting events will have		
NG roop		