

WEBELOS STEM WEEKEND REGISTRATION

(Please print legibly - Both Sides)

Pack # _____ Leader/contact: _____

Phone #: _____ - _____ - _____ Email: _____

Addn. Leader/parent contact: _____

Phone #: _____ - _____ - _____ Email: _____

Completed Medical form required for each participant at Check-in

For All participants: Scouts, Leaders and Adults, attending this event

WEBELOS Attending: _____ X \$15 (by 9/9) or \$25 (9/10 to 9/16) = \$ _____

Adults Attending: _____ X \$15 (by 9/9) or \$25 (9/10 to 9/16) = \$ _____

WEBELOS Camping Friday night _____ Saturday night _____

Adults Camping Friday night _____ Saturday night _____

Webelos NOT camping _____ # Adults NOT camping _____

(Please complete and list Scouts/Leaders/Adults attending this event on reverse side. Thank you.)

Make checks payable to: **NEPA Council, BSA**

Mail or drop off registration & payment to: NEPA Council, BSA

72 Montage Mountain Road

Moosic, PA 18507

Date Received in Scout office: _____

