

CIMARRON COUNCIL
BOY SCOUTS OF AMERICA

EVENT REGISTRATION

Return Completed Form and Fees to: Cimarron Council, P. O. Box 3146, Enid, OK 73702

Event: _____ Event Number: _____
Event Site (if applicable) _____

Participant

Name: _____
Address: _____ City/Zip: _____
Daytime Phone: _____ Evening Phone: _____
Unit Type (Circle One): Pack Troop Crew Post Group Unit Number: _____
Position Training for (if Training Event) _____

Emergency Contact or Adult Responsible for Participant (if participant is not an adult)

Name: _____
Address: _____ City/Zip: _____
Daytime Phone: _____ Evening Phone: _____

Additional Participants (in same family)

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Fees Enclosed: \$ _____ for _____
\$ _____ for _____
\$ _____ for _____
\$ _____ for _____
Total Fees: \$ _____

Payment:

Check #: _____
Credit Card #: _____ Visa Master Card (Circle One)
Expiration Date: ____/____ Signature: _____