

**CUB SCOUT PACK 542
RETURNING SCOUT REGISTRATION 22-23**

Scout Information:

Last Name: _____

Scout Name / Grade: _____

Scout Name / Grade: _____

Scout Name / Grade: _____

Second Parent Contact Information:

Name _____

Email _____

Phone Number _____

Address (if different than parent 1) _____

Contact Information Change:

Only complete this portion if any of your contact information has changed since you last enrolled

Address: _____ City: _____

State: _____ ZIP: _____ Home Phone: _____

Email: _____

Cell: _____

DO NOT FILL OUT

Dues:

Cash accepted. Make checks payable to STM Cub Scout Pack 542.

Item	Quantity	Price	Total
Single Scout		\$125	
Family		\$200	
		TOTAL:	

CASH _____

CHECK# _____