



BADEN-POWELL COUNCIL
BOY SCOUTS OF AMERICA
SCHOOL NIGHT



Boy's Name _____

Age _____ Date of Birth _____

Address _____

Phone (____) _____ Home E-Mail _____

School _____ Grade _____

Parent's Name _____

Occupation & Title _____

Parent's Scouting Background _____

Would you, as a parent, be willing to help if needed or called upon? ___ Yes ___ No



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