

REGISTRATION AND PERMISSION FOR PACK 245 LOCK-IN
February 13-14, 2009 at Mt Auburn Teen Center 6:30pm-8am

Scout: _____ Den: _____

Contact in case of Emergency: _____
name / relationship

Phone: _____ Alternate Phone or Pager: _____

Alternate Contact (if primary is unavailable): _____
name / relationship

Phone: _____ Alternate Phone or Pager: _____

Please list any allergies or medical conditions: _____ List medications to be dispensed (include dosage amt)

Parent Signature: _____ Date: _____

VOLUNTEER FORM FOR PACK 245 LOCK-IN
February 13-14, 2009 at Mt Auburn Teen Center 6:30pm-8am

Name: _____

Phone: _____ e-mail: _____

I can assist with the lock in by (check all that apply):

- Chaperoning and Staying the night
- Chaperoning part of the event (please indicate time available – for example “until 10 pm”, etc) _____
- Helping with Beltloop Activities
 - Marbles Geology Table Tennis Chess Fun Station
 - No Preference / wherever needed
- Set up or Clean-up
- Donating supplies – chess set and ping-pong balls and paddles
- Donating snacks – Chips or cookies
- I am trained and certified as a physician / nurse / EMT and can be available for medical emergency and/or to dispense medications.

Other/Comments:

Thank you for supporting this event. The pack will contact you soon to confirm your participation and assignments for the event.