



*San Diego – Imperial Council
Boy Scouts of America*

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Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

(Circle one): Pack / Troop / Crew / Post / Ship Unit #: _____

Signed: _____

Guardian's Signature: _____

(if under the age of 18)

Witness: _____

Event / Camp Name: _____

Event / Activity Date(s): _____