

Cub Scout Den Registration Form

Pack #		Den Leader:		Assistant Den Leader:	
Date:		Name		Name	
Grade:		Daytime Phone		Daytime Phone	
District:		Evening Phone		Evening Phone	
Council:	Northeast Georgia	Email		Email	
		Address		Address	
		City, State Zip		City, State Zip	

New / Ret.	Boy's Name	Date of Birth	Address, City, Zip	Parent Name	Home or Cell Phone/ Email	Reg. Fee Enclosed	Boys' Life Fee Enclosed
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Unit Leader's Verification: _____						Total Fees:	