

Inscription Form

SSPX Scouting Program

Father's Name _____

Phone ____ -- ____

Mother's Name _____

Phone ____ -- ____

Email: _____

Emergency Contact

Name _____ Number ____ -- ____

Home Address:

Street _____

City _____ State _____ Zip _____

Scout

#1 _____ Birth ____ / ____ / ____ Braves Kateris Cadets Guides

#2 _____ Birth ____ / ____ / ____ Braves Kateris Cadets Guides

#3 _____ Birth ____ / ____ / ____ Braves Kateris Cadets Guides

#4 _____ Birth ____ / ____ / ____ Braves Kateris Cadets Guides

Fathers Signature _____

Date: ____ / ____ / ____

Mother's Signature _____

Date: ____ / ____ / ____