



Zombie Invasion Camporee

October 15 – 17, 2010

Troop Number: _____ District: _____

(Registering and Paying Before September 15, 2010)

Number of Boy Scouts: _____ x \$20.10 = \$ _____

Number of Leaders: _____ x \$20.10 = \$ _____

Total Participants registered: _____ Total Fees Paid: \$ _____

How Many Total Patrols will your Troop be Bringing: _____
(Patrols should have at minimum no less than 4 and no more than 8 members)

Unit Leader Signature: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

ALL PAGES OF SUBMITTAL PACKAGE MUST BE TURNED IN AT THE SAME TIME SO WE CAN PROPERLY REGISTER AND ACCOMMODATE FOR ALL SCOUTS.



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Adult Leader	Scouting Position	Food Allergies	Volunteer?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Would your troop participate in one of the flag ceremonies? Yes | No

Do you have any scouts that play the bugle? Yes | No

Will you be bringing any Webelos Scouts to this event? Yes | No



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Patrol Name: _____

Patrol Member	Patrol Position	Food Allergies



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