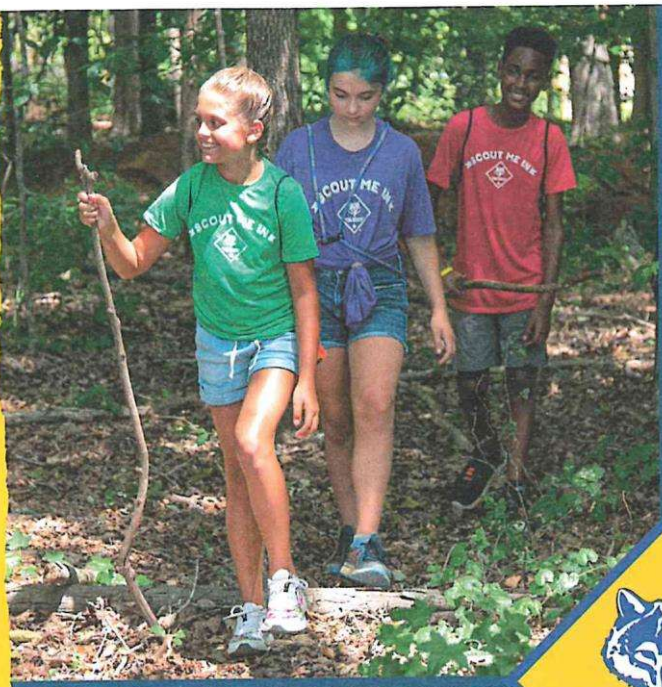


#ADVENTUREON



# Boys & Girls Grades K-5: Join the Fun of Cub Scouts with Pack 4031!

**When:** September 8th, 2022, at 6:00 PM  
**Where:** Pulaski Memorial Park  
652 S St Augustine Dr, Pulaski, Wisconsin  
**For more information, contact:**  
Brandon Collett (920-246-3063) or  
[collett.pack4031@gmail.com](mailto:collett.pack4031@gmail.com)

**Families Welcome!**

*This organization, program or activity is not affiliated with the Pulaski Community School District nor is it a school-sponsored activity. This communication does not automatically imply District approval, support or endorsement of the information contained within this document, program, or activity.*

What do Cub Scouts Do?  
Point your Phone Camera Here



Join Cub Scouts!

Look up your Pack by zip code



**BSA YOUTH MEMBER APPLICATION**

**YOUTH INFORMATION**

First name (Full legal name) \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_ Preferred nickname \_\_\_\_\_

Country  Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Grade \_\_\_\_\_ Ethnic background:  Black/African American  Native American  Alaska Native  Male  Female  
 Caucasian/White  Pacific Islander  Asian  Other \_\_\_\_\_

School \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

Mark here if address is same as above.  Mark here if you are the Lion or Tiger adult partner.  Mark here if the Lion or Tiger adult partner is not living at the same address and complete and attach an adult application.

Select relationship:  Parent  Legal Guardian  Grandparent  Other (specify) \_\_\_\_\_

First name (Full legal name) \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_ Preferred nickname \_\_\_\_\_

Country  Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary phone \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Gender:  Male  Female  
 Alternate phone \_\_\_\_\_ Ext. \_\_\_\_\_ Previous Scouting experience \_\_\_\_\_

I have read the attached information for parents and approve the application. I affirm that I have or will review *How to Protect Your Children From Child Abuse: A Parent's Guide.*

Signature of parent/legal guardian \_\_\_\_\_ Parent/legal guardian email address \_\_\_\_\_

**To be completed by unit**

Signature of unit leader (or designee) \_\_\_\_\_ Date \_\_\_\_\_

**Unit type:**  Pack  Troop  Crew  Ship  Lone Cub Scout  Lone Scout  Lone Scout Arrow of Light  Has earned Arrow of Light

**Unit No.:**  For pack registration select one:  Lion  Tiger  Wolf  Bear  Webeles  Transfer application  Multiple application  Enter membership number from unexpired certificate:

Registration fee \$  Scout Life fee \$  PAID:  Cash  Check No.   Credit card

Council No.:  Unit type:  Pack  Troop  Crew  Ship  Unit No. or district name: