

TREK-IN XXXI Registration (Page 1 of 2)
COMPLETE PAGE 2 ALSO!

Troop # _____ City, State _____

Council Prairielands Other _____

THERE WILL BE NO ACCOMODATIONS ON FRIDAY!!!

This will be used for all mailings!

Name _____

Address _____
Street

City State Zip code

Phone # _____
Daytime Evening

email: _____

No. of Scouts _____ No. of Adults _____
(to speed up registration and results please list names on Registration Page 2)

NO REGISTRATIONS ACCEPTED BEFORE
MARCH 1, 2009. MAIL REGISTRATION TO:

Vickie Wood
1141 E 2900 North Rd
Clifton, IL 60927-7102

OR FAX THIS FORM TO MY FAX# (815) 694-2746

TREK-IN XXXI Registration (Page 2 of 2)

Troop

Your Troop's Contact Name: _____

Address: _____

City: _____ St _____ ZIP CODE _____

Use additional pages as needed

SCOUTS Last Name (please print legibly)	First name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

ADULTS Last Name (please print legibly)	First name	Staff <input checked="" type="checkbox"/>
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>
6.		<input type="checkbox"/>

<p>FOR STAFF USE ONLY</p> <p>SCOUTS _____ Total x \$10 = \$ _____</p> <p>ADULTS _____ Patches and Pins Picked up by _____</p> <p>STAFF _____</p> <p style="font-size: small;">Signature when patches and pins are picked up _____ QTY _____</p>	<p>Check In : _____ am</p> <p><input type="checkbox"/> Saturday</p> <p><input type="checkbox"/> Cash</p> <p>Paid By <input type="checkbox"/> Check</p> <p># _____</p>
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