Cub Masters and Den Leaders:

Please look over the following forms. You will see a registration form and permission slips.

Please fill out the forms clearly and accurately.

By doing so, you will make registration much easier for both you and us.

- Make sure your Pack number is on the form.
- Please register by Pack.
- Please list a contact person and telephone number that we can reach if we have questions.
- Please put each person on a separate line. Last name, First name, check Tiger or Cub or Adult as appropriate, with the correct payment listed.
- Every Tiger Cub needs to come with their partner. Please list them on consecutive lines on the form.
- EVERY SCOUT MUST HAVE A PERMISSION SLIP!
- If you have questions, please call or e-mail Curt Champion (309) 764-6095 or mf3615@mchsi.com
- If these forms are not filled out properly, it will delay your registration Saturday night.

#1 (7:00 - 7:45) #2 (7:45 - 8:30)	#3 (8:45 - 9:30)	#4 (9:30 - 10:15)	#5 (10:15 – 11:00)		
Swim Time: 1 st Choice	2 nd Choice				
			(W)		
PACK CONTACT PERSON	Phone (H)				

Last Name	First Name	Tiger \$10.00	Cub/Web \$10.00	Adult \$8.00	Permission Slip	AMOUNT PAID
Jones	John			X		\$8.00
Jones	David	X			X	\$10.00

I give permission for my son	of	Pack	To participate in the		
Cub Scout Lock-in. I understand that this event will be held	at the Two F	Rivers (Mo	oline) YMCA, starting at 6:00		
p.m. on Saturday, January 18 th 2014, and he is to be picked t	up by 5:30 a.	m., Sunda	ay, January 19 th 2014.		
In case of emergency I can be reached by phone at ()		•	•		
In the event I can not be reached, please contact:					
At ()					
Is their any reason to restrict any activity or food? Is so,	what?				
My son is in good health so far as I know, and has my permas noted above. In the event I can not be reached in an en	nergency, I h	ereby giv	e permission to the physician		
selected by the Medical leader in charge to hospitalize, secusion.	re proper and	esthesia, o	or to order injection for my		
Signature	Date	ate			
Home phone ()Other phone ()				
Trome phone () Other phone ()				
I give permission for my son	of	Pack	To participate in the		
Cub Scout Lock-in. I understand that this event will be held	at the Two F	Rivers (Mo	oline) YMCA, starting at 6:00		
p.m. on Saturday, January 18 th 2014, and he is to be picked					
p.m. on Saturday, January 16 2014, and he is to be picked	up by 5.30 a.	III., Sullua	1y, January 19 2014.		
In case of emergency I can be reached by phone at ()			•		
In the event I can not be reached, please contact:					
					
At ()					
Is their any reason to restrict any activity or food? Is so,	what?				
is their any reason to restrict any activity of roots.	· · · · · · · · · · · · · · · · · · ·				
My son is in good health so far as I know, and has my permias noted above. In the event I can not be reached in an en					
selected by the Medical leader in charge to hospitalize, secu					
son.					
Signature	Date				
Home phone ()Other phone ()				