

BALOO Training

Saturday, February 27th

9:00am-3:00pm

Mt. Hermon UMC

Name _____ Pack # _____

Address _____

Phone # _____ Email _____

Health Concerns:

Food Allergies _____

Medical problems _____

Emergency Contact:

Name _____ Relationship _____

Phone # _____

I certify that I have a son(s) with the Boy Scouts of America and that the above information concerning my health is correct.

Signature _____ Date _____

Please return with \$10 to: ONSC

P.O. Box 29046

Greensboro, NC 27429-9046

Make checks payable to ONSC and **register by February 20, 2010.**