



*San Diego – Imperial Council  
Boy Scouts of America*

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Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Circle one): Pack / Troop / Crew / Post / Team          Unit #: \_\_\_\_\_

Signed: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

(if under the age of 18)

Witness: \_\_\_\_\_

Event / Camp Name: \_\_\_\_\_

Event / Activity Date(s): \_\_\_\_\_