



CUB SCOUT PACK 49

Tewksbury, MA

2007-2008 Registration Form

Please fill out this form and bring it to the next pack meeting
Return the form to our pack membership chair, Marilena Dugan

Scout's Full Name: _____

School: _____ Grade: _____

Home Address: _____

Home Phone Number: _____

Parent / Guardian's Name: _____

Work Phone Number: _____

Cell Phone Number: _____

E-Mail: _____

Signature: _____ Date: _____

Parent or Guardian