

ORIGINAL REGISTRATION FORM WILL BE ACCEPTED BETWEEN NOVEMBER 1, 2006  
AND DECEMBER 8, 2006

To:  
MBU – Piedmont Council  
PO Box 1059  
Gastonia, NC 28053

PLEASE COMPLETELY FILL  
OUT THE FOLLOWING  
INFORMATION:

Council Use Only	
Date	_____
Amount	_____
Check #	_____
Coding	1260415200/ 1680115220

**(REGISTER AS A TROOP)**

TROOP# \_\_\_\_\_ DISTRICT/COUNCIL \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

DAY PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

Total Scouts \_\_\_\_\_ x \$11.00 = \$ \_\_\_\_\_  
 Total Adults \_\_\_\_\_ x \$7.00 = \$ \_\_\_\_\_  
 Extra Patches \_\_\_\_\_ x \$3.00 = \$ \_\_\_\_\_  
 CPR Fees \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_

**WE WILL HAVE A VAN AND A  
DRIVER AVAILABLE** \_\_\_\_\_  
 TOTAL ENCLOSED \$ \_\_\_\_\_

**MERIT BADGE CLASS REGISTRATION & YOUTH WORKSHOPS  
(PLEASE WRITE IN WORKSHOP NAME)**

BOY SCOUT NAME	AGE	CHOICE 1	CHOICE 2	CHOICE 3	CHOICE 4
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

**ADULT REGISTRATION**

ADULT LEADER NAME	AGE	MORNING SESSION		AFTERNOON SESSION	
		CHOICE 1	CHOICE 2	CHOICE 1	CHOICE 2
1.					
2.					
3.					
4.					
5.					

**DUPLICATE THIS FORM AS NECESSARY FOR INITIAL REGISTRATION**