

Yoakum Cub Scout Pack 224

Parent/Scout Contact Info

Name of Scout _____ Grade _____

Age _____ Birthday (m/d/y) _____

Address _____

Mother _____ Father _____

Email _____

Email _____

Home phone _____

Home phone _____

Cell Phone _____

Cell Phone _____

Are texts okay? Y / N

Are texts okay? Y / N

Emergency Contact #1 _____ Relationship _____

Cell Phone _____

Alt. Phone _____

Emergency Contact #2 _____ Relationship _____

Cell Phone _____

Alt. Phone _____

Our **pack** meetings will always be held on the 2nd Thursday of the month.
But **dens** set their own schedules of when to meet (once or twice a month).
Please help your den leader by **CROSSING OUT THE DAY(S) THAT DO NOT WORK**
with your family's schedule and **CIRCLING THE DAY(S) THAT WILL WORK BEST**. We
will try our hardest to make it work for everyone!

Sun Mon Tues Wed Thurs Fri Sat

I give permission for my child's photo to be used for Cub Scout purposes
(newspaper, Facebook page, etc.).

Parent Signature _____ Date _____