

GENERAL NASH DISTRICT FIRST AID MEET

PATROL REGISTRATION FORM

TROOP _____ PATROL _____

PATROL MEMBERS:

NAME	Birth Date	AGE
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Registration Fee is \$8 per Patrol Member. Make checks payable to "COLBSA".

((do not write below this line))

TOTAL REGISTERED: _____

FIRST AID KIT REVIEW : _____

ADDITIONAL PATCHES _____

TOTAL PAID: _____

AVERAGE AGE : _____

CHECK # _____ or CASH

FLOOR LOCATION : _____