

SCHOOL NIGHT ATTENDANCE ROSTER

School: _____ Pack #: _____ District: _____ Date: _____

PLEASE PRINT CLEARLY AND FIRMLY

	Names	Grade	Cell Phone Number	Email Address
Youth Application Rcvd Yes No	_____ Child's Name _____ Parent's Name			
Registration Fees Paid Yes No				
Scout Life Paid Yes No				
Adult Applying Rcvd Yes No				
	Names	Grade	Cell Phone Number	Email Address
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