

# SCHOOL NIGHT NEW DEN MEMBERSHIP ROSTER

School: \_\_\_\_\_ Pack #: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

Den Grade: \_\_\_\_\_ **Instructions: All new youth and adults should complete the information on this roster form. This roster of new youth will be the first resource of contact information that your adult leaders will use to reach out to you about upcoming Cub Scout meetings and activities. PLEASE PRINT CLEARLY AND FIRMLY.**

| New Cub Scout Name (first & last)    | Grade               | Parent Name (first only unless last name is different) | Cell Phone Number | Email Address |
|--------------------------------------|---------------------|--|-------------------|---------------|
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| New Adult Leader Name (first & last) | Leadership Position | Adult Application Submitted                            | Cell Phone Number | Email Address |
|                                      |                     | Yes / No   |                   |               |
|                                      |                     | Yes / No   |                   |               |
|                                      |                     | Yes / No   |                   |               |

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|  |  | Yes / No |  |  |
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