



White Stag Candidate Registration – 2008



Fill out the form below and mail it with your deposit, medical form and consent forms to the address on the website. Please neatly print all information

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street) (City) (Zip Code)

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

HOME TELEPHONE # (____) _____ HOME TROOP #: _____

PARENT'S NAME: _____ E-Mail _____

EMERGENCY CONTACT-NAME: _____ PHONE (____) _____

TROOP LEADER'S NAME: _____

TROOP LEADER'S PHONE: _____ E-MAIL _____

PREVIOUS WHITE STAG EXPERIENCE: _____

OTHER LEADERSHIP EXPERIENCE: _____

NUMBER OF NIGHTS OF OVERNIGHT CAMPING: _____

HIKING/BACKPACKING MILES: _____

FOOD/MEDICINE ALLERGIES or ISSUES: _____

INTERESTS, HOBBIES, CAREER PLANS: _____

CURRENT SCOUT RANK: _____

TROOP LEADER'S RECOMMENDED PROGRAM PLACEMENT:

PMD (PHASE I) _____ PLD (PHASE II) _____ TLD (PHASE III) _____

If you want your phone number and e-mail released to other parents who want to carpool, check here _____

FOR STAFF USE ONLY:

Med Form _____ Med Consent Form _____ Transportation Consent Form _____

Fee Deposit _____ Full Fee _____