



White Stag Candidate Registration – 2012

Complete this form and mail it with your requested leadership essay, photo, check, and medical form to: White Stag Crew 122 Registrar; 7959 Hansom Dr. Oakland, CA 94605. Make checks payable to White Stag Crew 122

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

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

DATE OF BIRTH: _____ HOME TELEPHONE # (_____) _____

PARENT(S) NAME: _____ PARENT CELL PHONE(S) _____

PARENT E-Mail (s) _____

EMERGENCY CONTACT: _____ PHONE (_____) _____

ORG. NAME or TROOP # _____ COUNCIL _____ RANK _____

ADVISER OR TROOP LEADER'S NAME: _____

ADVISER OR TROOP LEADER'S PHONE: _____ email _____

YOUR WHITE STAG EXPERIENCE: _____

YOUR LEADERSHIP EXPERIENCE: _____

OVERNIGHT CAMPING NIGHTS: _____ BACKPACKING MILES: _____

FOOD/MEDICINE ALLERGIES OR ISSUES: _____ VEGETARIAN? [Y] [N]

If you require a special diet, please describe:

Does your child require special care, please describe:

REQUESTED CAMP PLACEMENT (check one):

Team/Patrol Member Development - PHASE I (ages 10-13)

Small group/Patrol Leader Development - PHASE II (ages 13-14)

Large Group/Troop Leader Development - PHASE III (ages 15-18)

Share my phone number & e-mail released to others interested in a carpool.

T-shirt included in camp fee. Child size: [S] [M] [L] [XL] or adult size [S] [M] [L] [XL]

Providing misleading information about your child's condition may lead to rejection, loss of fees, or significant expenses for full-time professional care.

FOR STAFF USE ONLY:

Leadership Essay _____ Medical Form _____ Fee Deposit _____ Full Fee _____

David Stein, Camp Director, White Stag Leadership Development Programs, David@donahue.com