



**3rd Annual 10 Commandments Hike
November 28, 2008**



REGISTRATION FORM

Must be received by November 21, 2008

(Print Neatly)

Scout Unit Name/Number or Youth Group Name: _____

Leader Contact Name, Phone, e-mail: _____

Please include age of Youth Member/Sibling	Duty to God Patch (Optional \$3.00 extra)	Check One
Name _____	<input type="checkbox"/> Boy Scout Patch <input type="checkbox"/> Girl Scout Patch <input type="checkbox"/> Current Segment	<input type="checkbox"/> Youth Member <input type="checkbox"/> Adult Leader <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Sibling
Name _____	<input type="checkbox"/> Boy Scout Patch <input type="checkbox"/> Girl Scout Patch <input type="checkbox"/> Current Segment	<input type="checkbox"/> Youth Member <input type="checkbox"/> Adult Leader <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Sibling
Name _____	<input type="checkbox"/> Boy Scout Patch <input type="checkbox"/> Girl Scout Patch <input type="checkbox"/> Current Segment	<input type="checkbox"/> Youth Member <input type="checkbox"/> Adult Leader <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Sibling
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Name _____	<input type="checkbox"/> Boy Scout Patch <input type="checkbox"/> Girl Scout Patch <input type="checkbox"/> Current Segment	<input type="checkbox"/> Youth Member <input type="checkbox"/> Adult Leader <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Sibling

Make additional copies of this form as necessary

FEE: (includes 10 Commandments Hike patch and lunch)	Family Rate is \$25 plus \$1 insurance fee for each non-Scout
Number of registered Boy Scouts or Girl Scouts and Adult Leaders	@ \$7.00 each = \$ _____
Number of Parents/Guardians, Siblings of registered Scouts	@ \$8.00 each = \$ _____
Number of Church Youth Group members and Adult Leaders	@ \$8.00 each = \$ _____
Number of Boy Scout Duty to God patches requested (optional)	@ \$3.00 each = \$ _____
Number of Girls Scout Duty to God patches requested (optional)	@ \$3.00 each = \$ _____
Total Amount for this sheet	\$ _____
Grand total from _____ Registration sheets for this unit or group	\$ _____
Certificate of Insurance for non-BSA groups included with this registration? YES / NO (circle one)	

Make Checks payable to: Baden Powell Council, BSA

**Mail to: Baden-Powell Council Service Center
Attn: 10 Commandments Hike
P.O. Box 66
Binghamton, New York 13903**