H.H.C.S.R Native American Outpost
SCOUT INFORMATION SHEET

Please fill out the following and send as soon as possible to:
Hawkeye Area Council
660 32nd Ave SW
Cedar Rapids IA 52404

Name:_____

Street:_____

City: _____State: _____Zip:_____

Phone number:_____

Scouting Rank: _____ OA:(circle one) Member Non-Member

Date of Birth: _____ Years at Camp:_____

Special Dietary Needs:_____

_____

Medical Alert: _____

_____

Emergency Contact:_____Phone:_____

Family night:

Number of family members eating at dining hall at Wednesday dinner (including scout):_____

Home Troop: _____ Home Troop Scoutmaster:_____

Home Troop Scoutmaster Signature_____ Phone:_____