



2010 Northern Lights Council Centennial Celebration ND State Capitol Ground in Bismarck, ND

REGISTRATION FORM

Unit Number - Pack/Troop/Crew/Post _____ District _____

Event Volunteer Staff _____

Unit Leader in Charge at Capitol Event _____

Address _____

Home Phone No (_____) _____ Business Phone No (_____) _____

E-mail Address _____

We expect to have _____ Cub Scouts _____ Boy Scouts _____ Adults _____ Siblings

Est. Time of Arrival in Bismarck _____ Do you Plan on Camping at the Capitol? _____

Please identify any special medical needs, diet requirements or transportation needs:

REGISTRATION FOR SCOUTS, ADULTS AND FAMILY MEMBERS

\$45.00 for all Volunteer Staff (Youth and Adult), Unit Leader Adults, Adult Family Members, Scouts
\$20.00 for all Siblings who attend event. No charge for children 4 and under.

IF REGISTERED BEFORE MARCH 30, 2010 A DISCOUNT OF \$9.00 WILL APPLY TO ALL
VOLUNTEER STAFF, UNIT LEADER ADULTS, ADULT FAMILY MEMBERS, SCOUTS

Description	Number	Cost	Total
Event Adult Staff			
Event Youth Staff			
Cub Scouts			
Cub Scout Adults & Adult Family Members			
Siblings @ \$20 per each			
Siblings 4 and under at no cost			
Boy Scouts			
Unit Adult Leaders			
TOTAL DUE			

Mail To:

**2010 CENTENNIAL CELEBRATION AT THE CAPITOL
NORTHERN LIGHTS COUNCIL, BSA
1720 BURNT BOAT DRIVE, SUITE 103
BISMARCK, ND 58503**

UNIT ROSTER FOR CENTENNIAL CELEBRATION

Pack/Troop/Crew/Post _____ District _____

Unit Leader in Charge _____

E-mail Address _____

Contact Phone Numbers. _____
Home Cell

_____ Please check here if any Scouts in your unit are interested in participating in the mock Legislative Session or Supreme Court arguments. If known about how many write it here _____.

We ask each unit to provide a minimum of two adult Volunteers to help with Activities.

NAME _____ NAME _____

KEEP A COPY OF REGISTRATION PACKET FOR YOUR UNIT'S FILES.

FINAL UNIT ROSTER REQUIRED AT CHECK-IN!

ROSTER

NAME	PHONE NUMBER	Please indicate one of the following: Adult or Youth Staff, Adult, Unit Volunteer Leader, Cub Scout, Boy Scout, Sibling
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NAME	PHONE NUMBER	Please indicate one of the following: Adult or Youth Staff, Adult, Unit Volunteer Leader, Cub Scout, Boy Scout, Sibling
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