

National Camping School Registration Work Sheet

Completing this form in advance will assist your council in completion the National Camping School registration process.

First name _____

Middle initial _____

Last name _____

Gender Male Female _____

Date of birth _____

Mailing address _____

Address continued _____

City _____ State _____ Zip code _____

Cell phone number _____ Evening phone number _____

Attendee's e-mail address _____

I would like to receive emails from the BSA **ONLY** in the future about our programs? Yes No

Council name _____ District _____ Region _____

Position working at Camp _____ Name of camp _____

BSA Member ID _____

Emergency contact name _____

Emergency contact phone number _____

NCS section _____ NCS location _____

Yes No, this candidate meets all published perquisites for the section?

Attendee is a Volunteer Professional Youth Protection Training date ____/____/20____

Dietary restrictions None Low carb No nuts No shellfish Diabetic Gluten Free

Vegan Vegetarian Other _____

Will arrive early Yes No

