



## National Camping School – Registration Worksheet

Please complete this form to assist your local council with the National Camping School registration process.

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Gender:    Male    Female

Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip code: \_\_\_\_\_

Attendee's e-mail address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Council name: \_\_\_\_\_

Dietary restrictions:    None    Vegetarian    Shellfish    Nuts    Other: \_\_\_\_\_

Special needs:    None    Limited mobility    Other: \_\_\_\_\_

CPAP machine:    Yes    No

Camp role/Year-round position: \_\_\_\_\_

Name of camp: \_\_\_\_\_

Council name: \_\_\_\_\_                      BSA Member ID: \_\_\_\_\_  
*(Please list the Council who is sending you to NCS)*

Emergency contact name: \_\_\_\_\_

Emergency contact cell phone: \_\_\_\_\_

Emergency contact email: \_\_\_\_\_

Name of person completing this registration: \_\_\_\_\_

Email Address of person completing this registration: \_\_\_\_\_

Date of last Youth Protection Training: \_\_\_\_\_

This candidate meets all published pre-requisites for the section selected.    Yes    No

Will you be an early arrival?    Yes    No  
*(additional fee applies for early arrivals)*

NCS section you will be enrolling in: \_\_\_\_\_

NCS Location: \_\_\_\_\_                      NCS Date: \_\_\_\_\_

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