

# National Camping School Registration Work Sheet

Completing this form in advance will assist the local council representative in 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 \_\_\_\_\_

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

District \_\_\_\_\_

Region \_\_\_\_\_

Working at Camp \_\_\_\_\_

BSA Member ID \_\_\_\_\_

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

Emergency contact phone number \_\_\_\_\_

NCS section \_\_\_\_\_

NCS location \_\_\_\_\_

Attendee is a  Volunteer  Professional

Youth Protection training date (mm/dd/yy) \_\_\_\_\_

Dietary restrictions  None  Low carb  No nuts  No shellfish

Vegetarian  Other \_\_\_\_\_

Early arrival  Yes  No