BOY SCOUTS OF AMERICA
GREATER ST. LOUIS AREA COUNCIL

2005 Camp Quest Registration Form

_____**(Please Print)**
First Name Middle Initial Last Name

_____
Address City State Zip Code

_____ _____ _____ _____
Home Phone Date of Birth Grade School

Registered Boy Scout? Yes ( ) *No ( ) Troop Number ( )
* If you answered "No" please fill out the attached Boy Scout application.

_____
Parent/Guardian Information (Please Print)

_____ _____
First Name Middle Initial Last Name Home Phone

_____
Address City State Zip Code

_____
Relationship

I Have Read the Attached Information Sheet and Approve the Application

_____
Signature of Parent or Guardian

Camp Fee of $50.00 (Fee must accompany this registration form).

DETACH AND RETURN THIS FORM TO YOUR UNIT LEADER
OR MAIL TO: Greater St. Louis Area Council, 4568 West Pine Blvd.
St. Louis, Missouri 63108

PLEASE COMPLETE FRONT AND BACK SECTIONS
Account Code: 3606.203.20