



Cadet Information Form 2016-2017 – Troop 1819

{Cadet Information}

Name: _____	Date of Birth: _____
Grade: _____	School: _____
Medications/Allergies: _____	

{Primary Contact Information}

Name: _____	Relationship: _____
Address: _____	
City, State, Zip: _____	
Home Phone: _____	Cell Phone: _____
E-mail: _____	

{Emergency Contact Information}

Name: _____	Relationship: _____
Address: _____	
City, State, Zip: _____	
Home Phone: _____	Cell Phone: _____
E-mail: _____	

{For Troops of Saint George Captain Only}

Patrol: _____	Patrol Leader: _____
Dues Paid: _____	Next Dues: _____