CORONADO AREA COUNCIL

FAMILY REGISTRATION ASSISTANCE REQUEST

If your

PAREN	T/ GUARDIAN NAME _				
PHONE		EMAIL			
UNIT N	UMBERS (fill in all tha	t apply) PACK TRO	OOP		
CORC	NADO AREA COUNCI		CONCERNS SHOU ABLE TO PARTICIPA		E REASON FOR ANY SCOUT TO NOT
CONSI	DERATIONS FOR THIS F	-UNDING:			
-	One parent will need family participates in as an adult leader is If your family qualifier FORM. This covers \$	multiple unit's we ask highly encouraged but es for KanCare please a 50 of your child's regis	the unit their fam that you help the not required. Iso submit AETNA tration fee each ye	one in more n BETTER HEALT ear you submit	s in some significant capacity. If you eed of adult volunteers. Registering TH OF KANSAS BSA ENROLLMENT this form the Council Office. Impaign when provided an
REGIST	RATION FEE ASSISTAN	ICE COVERS:			
- - -	Family max of \$100 to Any registered family	nal registration fee for up to the first three reg	sistered participant		
	ERED PARTICIPANT IN	,			
FIRST 8	& LAST NAME	AGE (youth only)	UNIT TYPE	UNIT#	NEW REGISTRATION
					Y/N
					Y/N
					Y/N
					Y/N
					Y/N
I will a	ssist my Scout's unit si	gnificantly by doing the	e following: (Please designat	o unit vou will	acciet)

DATE

PARENT SIGNATURE