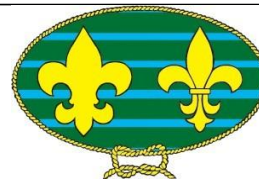




*S.C.O.P.E. 2019*  
*May 23rd – May 26th 2019*  
*Individual Application*



Section Number and Name (i.e. 1<sup>st</sup> Brampton): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_ Are you a 3<sup>rd</sup> yr Cub/Scout/Venturer or Scouter: \_\_\_  
YY MM DD M/F C/S/V/A

Address: \_\_\_\_\_  
Apt #, Street # Street Name

City: \_\_\_\_\_ Scouts Canada Membership Number \_\_\_\_\_  
(To Be Completed By Key Scouter)

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to receive SCOPE information emails - Yes / No

Special Dietary Needs/ Allergies: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

I give permission for my child to participate in SCOPE 2019 and enclose the deposit of \$100.00 which I understand is non-refundable unless a substitute attendee is found. The balance is due to the Section leader by **March 29<sup>th</sup> 2019.**

I have given permission on the Scouts Canada Photography Release Form through my child's registration Yes   /    No    (Circle one)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_