

Application for the Outback Ranger Program

Troop # _____ District: _____ Council: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Age: _____ Date of Birth _____

Email: _____

Parent's Signature: _____

Leader's Signature: _____

A \$25.00 non-refundable deposit is required with this application. Space is limited to the first 20 participants, so don't delay.

An Annual BSA Health & Medical Record with a physician's signature is required for all participants, and must be presented upon check-in at Hohn Scout Reservation.

Please send completed application to: **Great Rivers Council**
1203 Fay Street
Columbia MO 65201