



District Name: _____
 Volunteer Name: _____
 Location: _____

Unit Type and #: _____
 Volunteer Phone #: _____
 Volunteer Email: _____

<input type="checkbox"/>	Spring
<input type="checkbox"/>	Summer
<input type="checkbox"/>	Fall

PLEASE SIGN IN

<input checked="" type="checkbox"/>	Parent Name	Phone Number	Email Address
	Youth Name	School / Grade / Unit #	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

(White Copy to Council; Yellow Copy to Unit)