

Fall Venturing Event

Registration form

Unit # _____

Female Youth _____

Male Youth _____

Female Adults _____

Male Adults _____

Total attending _____ x \$30 = \$_____

Contact person

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

Please RSVP by Oct 3,2008

Samoset Council
Fall Venturing Event
3511 Camp Phillips Road
Weston, WI 54476