

# Event Registration form

## Event Information

Title of event:

Where:(Location)

Please enter address below:

Location Name	
Street	
City	
State	
Zip code	

EX.            1            0000            000            00

Account code:

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(See Staff for this information above)

Class Scheduling?	Yes	No
Teams? (Contingent)	Yes	No
Part time registrants?	Yes	No
Unit Deposits?	Yes	No

If so, minimum deposit due?

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Please attach any flyers that you may have for the event if you want graphics in the registration area Please email to [gregory.etheridge@scouting.org](mailto:gregory.etheridge@scouting.org).

This form must be completed 6 weeks in advance of the event to ensure that the information is correct and that the registration has time to be completed.

## Description of event

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## Event Registration Form

Type	Youth	Adult	Other
Registration message:			
Limits	Youth	Adult	Total Participants Max:
Price			Early reg start date
			Reg reg start date
			Late reg start date

Is this an event that can earn Merit Badges or other requirements, if yes list them below:

Requirements/ Prerequisites:

### What information do you want to collect for youth registrants?

**(check all that apply)**

- |                          |                             |
|--------------------------|-----------------------------|
| Unit Validated           | Scout Rank                  |
| First name               | Leadership position         |
| Last name                | OA Number                   |
| Email                    | Grade                       |
| Gender                   | Allergies                   |
| DOB                      | Medical concerns            |
| Estimated arrival time   | Emergency contact Parent/   |
| Estimated departure time | Guardian contact BSA        |
| Phone                    | Member ID                   |
| Address                  | Other: Please Specify Below |

Other:

### What information do you want to collect for Adult registrants?

**(check all that apply)**

- |                          |                             |
|--------------------------|-----------------------------|
| Unit Validated           | YPT (Date)                  |
| First name               | Leadership position         |
| Last name                | OA Number                   |
| Email                    | Allergies                   |
| Gender                   | Medical concerns            |
| DOB                      | Emergency contact           |
| Estimated arrival time   | BSA Member ID               |
| Estimated departure time | Other: Please Specify Below |
| Phone                    | Non registered Adult        |
| Address                  |                             |

Other:

# Event Administrator

We need the following information to set you up as an administrator

First	
Last	
Title	
Phone	
Email	

Contact Type  
(Select one)

Council Employee

Volunteer

Address

Street

City

State

Zip

Do you Want?

Email address shown on website?

Yes

No

Phone Number Shown on website?

Yes

No

Access Level Requesting

Full

View Only

(Call if you have questions)

Who Can attend?

Scouts BSA

Cub Scouts

Public

Council Event

District Event:

Event Role?

Will there be staff at the event?

Yes

No

Will there be a trading post?

Yes

No

Will you need any council equipment?

If yes please fill out equipment reservation form.

[Click Here](#)

or go to

<https://sscbsa.org/important-council-forms/>