WELCOME TO SCOUTING
PLEASE SIGN IN

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Porfavor Inscribase Aqui

BOY SCOUTS OF AMERICA
BLACK SWAMP AREA COUNCIL

UNIT: _____ DATE: _____
SCHOOL/ ESCUELA: _____

Child's Name *Nombre del niño*	**Grade** *Grado*	**Age** *Edad*	**Parent's Name(s)** *Nombre del padre/madre*	**Phone** *Telefono*	**Email** *Correo Electronico*