

Troop 2 Bronxville

c/o Howard A. Sklar

372 Kneeland Avenue

Yonkers, New York 10704

Tel: (914)-965-4684 Fax: (914)381-1167

Date _____ Scout rank: _____ Age: _____

I, _____ of Troop _____ intend on coming to camp
for _____ week(s)

The week(s) I will be attending are week 1 _____ and/or week 2 _____

Enclosed is my deposit of \$ _____. My home phone number is: _____

My religion is: _____

My address is:

My parent(s) name is (are): _____

My parents emergency phone number is: _____