## Achievements of the Past – Foundations of the Future BE A PART OF PETERLOON 2010 STAFF APPLICATION

Name:		Staying with a Unit Yes No No
Address:		Unit Number:
City:	Zip: Che	eck One: Troop Crew Pack
Phone: (home) (	) (cel	
E-mail:		Date of Birth:
List any specific area of interest		
Are you a registered me If yes, please fill out the Council:	e following:	
District:		
Unit Number		
Are you planning on copart of a business or co	_	Yes No No
MAIL THI	S FORM AND SEND CHECK FOR \$10	6 (U.S. Funds) BY AUGUST 15, 2010 TO:
10078	Beard Council, BSA Quest B Reading Rd nnati, OH 45241	tions: (513) 577-7700 or 1-888-360-8572
	special needs Vehicle Pass App om physician will be required for	
PETERLOON T-S	HIRT will be ordered separately. Pric	ces and form will be available after June 1, 2010.
Return to: 2010 Peterlo	on, Dan Beard Council, 10078 Read	ding Rd, Cincinnati, OH 45241
	For Committee Use – Do Not	t Write Below
Date received:	Forwarded to:	Date contacted:
Area assigned:	Date written c	confirmation sent: by: