



# 1<sup>st</sup> Lexington Cubs



## Canadian Warplane Heritage Museum Youth Participation Form March 26<sup>th</sup>-27<sup>th</sup>

Cubs's Name: \_\_\_\_\_

Health Card Number \_\_\_\_\_

Cost: \$37.25 (includes crest) Payable to **Scouts Canada 1<sup>st</sup> Lexington Cubs**

Emergency Contact numbers during this event:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Food and/or other allergies. Even if you filled this out on your original membership form, things may have changed, so please indicate anything we should know about.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leaders Notes: