



1st Lexington Cubs



Canadian Warplane Heritage Museum Youth Participation Form March 26th-27th

Cubs's Name: _____

Health Card Number _____

Cost: \$37.25 (includes crest) Payable to **Scouts Canada 1st 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: