



Application for REGISTRATION OR RE-REGISTRATION OF MOONBEAMS TROOPS



CORPS DIVISION _____
Troop Name _____
Troop Number _____

| D.H.Q.USE ONLY | |
|----------------|-------|
| Date Received | _____ |
| Fee Received | _____ |
| Rating | _____ |

NEW TROOP
 RE-REGISTRATION
 (check one)

****For children in grades PreK-K**

| LIST ALPHABETICALLY LAST NAME NAME | FIRST | BIRTH DATE | GRADE | GENDER |
|--|-------|---------------|-------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |

| | |
|--|--|
| MEMBERSHIP: | |
| Number On roll | |
| Number of Commissioned or Warranted Leaders | |
| TOTAL | |
| Do NOT count: Acting Leaders | |
| Troop Committee | |
| Resource People | |

STATUS: T (Transfer from another Troop), DR (Dropped and Returning), N (New), R (Re-register)

TROOP LEADERSHIP:

Leader (circle one: Commissioned/Warranted/Acting)

Name: _____

Address: _____

City/Zip: _____

SIGNATURES: _____

Leader

Assistant Leader (circle one: Commissioned/Warranted/Acting)

Name: _____

Chaplain (circle one: Commissioned/Warranted/Acting)

Name: _____

Corps Officer

Date