

**MONMOUTH COUNCIL – PHILMONT 2012
Adult Information Form**



PLEASE TYPE OR PRINT

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____ Cell Phone _____

Primary E-Mail Address _____

Secondary E-Mail Address _____

Troop / Venture _____

Best day to meet

(Please indicate order of preference, 1 being the most convenient, 4 being the least)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

In what capacity are you willing to assist?

- | | | |
|--------------------------------|------------------------------|-------------------------|
| 1 = Contingent Leader | 8 = Promotions | 15 = First Aid Supplies |
| 2 = Meeting Notes | 9 = Shirt, Hats, Patches | 16 = Adult Shakedowns |
| 3 = Shakedown Hikes: logistics | 10 = Copy Assistance | 17 = Contingent Meeting |
| 4 = Shakedown Hikes: Food | 11 = Mailings | 18 = Crew Development |
| 5 = Conservation Weekend | 12 = Tour Planning | 19 = Web Site |
| 6 = Fundraising | 13 = CPR/ First Aid/Training | 20 = Ship Stoves |
| 7 = Kick Off | 14 = Financial Records | |

First Choice _____ Second Choice _____ Third Choice _____ Fourth Choice _____