

# 2006 Mackinac Island Scout Service Camp

August 19 through August 26, 2006

## Scout Application Form

Scout's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Troop Number \_\_\_\_\_ Rank \_\_\_\_\_ Rank by Aug. 19, 2006 \_\_\_\_\_  
Joined Boy Scouts (approximate) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
E-mail address \_\_\_\_\_

Give Details of Troop Leadership Experiences:

Date	Leadership Position	Comments

Scouting Awards (i.e. Religious Emblem, Historic Trails Award)

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Order of Arrow Membership and Offices Held (Ordeal, Brotherhood, Vigil) \_\_\_\_\_

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Number of years at Scout Camp \_\_\_\_\_ Number of Years at MISSC \_\_\_\_\_  
Do you play the Bugle? ( ) Yes ( ) No Instrument \_\_\_\_\_  
Are you certified in CPR? ( ) Yes ( ) No Are you certified in First Aid? ( ) Yes ( ) No  
Do you have Lifesaving merit badge? ( ) Yes ( ) No BSA Lifeguard? ( ) Yes ( ) No

Why did you decide to participate in the Scout Service Camp and what do you expect to gain from the experience ?

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If you are interested in one of the Troop's leadership positions (SPL, ASPL, PL or APL), please use the following spaces to (1) indicate the position you would like; (2) what experiences you have for this position; and (3) why you feel you are the best Scout for this position.

If you are seeking a leadership position, return application and deposit by April 1, 2006.

**Return this completed application with \$35 deposit by May 1, 2006 to:  
(Make any checks payable to Troop 411)**

**SCOUTS:** I hereby certify all information above is correct and that a Scout physical form will be completed and signed by a doctor prior to attending the Mackinac Island Scout Service Camp. Any and all claims against the 2006 Mackinac Island Scout Service Camp Leadership, Coordinating groups, Boy Scouts of America, or its local councils are hereby expressly waived by the applicant. In cases of extreme misbehavior, I will be fully responsible for the cost of return transportation.

**Parents:** I understand that during the stay at camp there may be photos, voice recordings or video tape taken and I hereby consent to the use of my son's voice and/or photograph in the news coverage, camp or council promotional CD's or movies, on the council approved website or similar projects approved by this council and by the Boy Scouts of America.

Recommendation, verification, and approval by:

**Scoutmaster's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(MUST be signed by Scout, Parent, and Scoutmaster)**