



Sign-Up Night Pack Information

Cub Scout Pack #: _____

District: _____

Sign-Up Night:

Preferred Date: _____ Time: _____

Location: _____

Backup Date:

Date: _____ Time: _____

Location: _____

Pack Contact Person to be listed on flyer:

Name: _____

Phone Number: _____

E-mail Address: _____

Second Chance to Join (might be a pack meeting or something else):

Date (held after Sign-Up Night but before Sept 30): _____ Time: _____

Location: _____

Type of event (pack meeting, den meeting, special event): _____