MAYFLOWER COUNCIL BOY SCOUTS OF AMERICA

MUSEUM OF SCIENCE CUB SCOUT OVERNIGHT

Date of Overnight: _____

Please return to Council Office 1 month prior to event

PACK # and TOWN: _____

# of Tigers _____ # of Wolves _____ # of Bears _____ # of Webelos _____

OVERNIGHT LEADERS	ADULTS – PARENTS & LEADERS	CUB SCOUTS	SIBLINGS
LEADER			
ASSISTANT LEADER			

Total # of scouts and siblings per group cannot exceed 25.
Please email this form to Lisa.Olson@Scouting.org