

GENERAL NASH DISTRICT 2026 FIRST AID MEET

PATROL REGISTRATION FORM

UNIT _____ PATROL _____

PATROL MEMBERS:

NAME	Birth Date	AGE
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Registration Fee is \$10 per Patrol Member. Make checks payable to "COLBSA".

(do not write below this line)

SCOUTS PARTICIPATING : _____

ADDITIONAL PATCHES _____

TOTAL PRE-REGISTERED: _____

ADDITIONAL SCOUTS: _____

AMOUNT DUE: _____

AMOUNT PAID: _____

CHECK # _____ or CASH

AVERAGE AGE : _____

STATION LOCATION : _____