

**UNIVERSAL COUNCIL/DISTRICT EVENT  
REGISTRATION OR INFORMATION REQUEST**

Please include all applicable information in the spaces below.

Activity or Event Name: \_\_\_\_\_

Pack/Troop/Post (Circle One) # \_\_\_\_\_

District: \_\_\_\_\_ Unit Position: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_ Please send information about \_\_\_\_\_

\_\_\_ Please register for the following individuals for the above named event.

\_\_\_\_\_ Number of youth attending X \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Total

\_\_\_\_\_ Number of adults attending X \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Total

\_\_\_\_\_ Total fees Enclosed OR \_\_\_\_\_ Bill Unit Account

Other information needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Please make checks payable to Old Hickory Council. Unless otherwise noted in the corresponding article about the event for which you are registering, send this completed form to:

**OLD HICKORY COUNCIL  
6600 Silas Creek Parkway  
WINSTON-SALEM, NC 27106**