

INFORMATION REQUEST FORM

Please complete the following information.

Date _____

Person requesting information _____ Phone No. _____

E-mail Address _____

Registered with Unit: _____ Position: _____

_____ Requesting unit Roster

_____ Adults

_____ Youth

_____ All

_____ Current balance in Escrow account or

_____ Scout Shop Account

_____ Requesting Advancement listing

_____ Unit

_____ Individual Name: _____

_____ Requesting Adult Training listing

_____ Unit

_____ Individual Name: _____

Information will usually be available with in the next four working days. Will you;

(Please Circle) A. Pick up data at Scout Shop.

B. Have the data mailed to: Name: _____

Unit Position: _____

Address: _____

City-State-Zip: _____

NOTE: The above information is required to better serve you, the Scouting volunteer, while complying with the national BSA policies concerning the privacy protection of you and your youth members