



PHILMONT ADVENTURE APPLICATION

Name _____ Troop _____

Street _____ City _____ Zip _____

Telephone () _____ Scout's E-Mail _____

Date of birth _____ / _____ / _____ Scout Rank _____

Parent/guardian _____ Telephone () _____

Parent/guardian e-mail _____

School you attend _____ Your Current Grade _____

Leadership roles served in troop _____

List any medical concerns: _____

Which of the following positions are you interested in?

SPL ASPL PATROL LEADER SCOUT

Backpacking Experience In The Last Two Years /# Of Days _____

References: List two people whom we can contact as a reference. At least one should know you through scouting.

Name _____ Telephone () _____

Name _____ Telephone () _____

If selected, I _____ will conduct myself in accordance with the scout oath and law.

Scout's signature _____ Date _____ / _____ / _____

Parent/Guardian Signature _____ Date _____ / _____ / _____

Enclosed is my \$300.00 Deposit Yes No