

# **Camp Friendship Disabilities Awareness Merit Badge Registration**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Troop: \_\_\_\_\_ District: \_\_\_\_\_

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

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

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Scoutmaster: \_\_\_\_\_

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

Scoutmaster Phone Number: \_\_\_\_\_

\*Scoutmaster Signature: \_\_\_\_\_

**\*By signing this application, the Scoutmaster affirms that the Scout is 14 years of age or older, and is mature and responsible enough to volunteer with people with mental and physical disabilities.**

Please return application by JULY 15TH to:

**Jerry L. Carter  
Disabilities Awareness Merit Badge  
11616 Kramer Ave. NW  
Annandale, MN 55302**

**Or by email:  
scoutmaster@annandalebsa.org**