

AGREEMENT TO STANDARD OPERATING PROCEDURES

Full Name

Date Of Birth / /

THANK YOU

School

By signing below, I am acknoledging that I have read, understand, and will abide by the Standard Operating Procedures for my Exploring Post. I understand that failure to abide by the defined standards may result in dismissal from the program.

Participant's full name (printed)			D	ate	
Participant's signature		D	ate		
Parent/Guardian's full ((printed) (if participant is und			D	ate	
Parent/Guardian's sign		D	ate		
(if participant is und	ler the age of 18)				
				(DTHER
			INF	ORM	ATION
Shirt size:	small	medium	large	XL	2X
lf you are not	selected for the o participating ir				ed in
	Yes	5	Νο		
Please	e send completed	l form to sa	rah.dean@sco	uting.org	
ΤΗΑΝΚ ΥΟΙΙ			bsacm	nc.org/explorin	ig