

Lancaster, Pennsylvania

Talent Release

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Name of Cub Scout*: _____

Address*: _____

City, State ZIP*: _____

Phone number*: _____

BSA Council/Unit Number: PA Dutch Council, Harvest District, Pack 184

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

*The Cub Scout's private information, such as an address or complete name, will not be used for captions to pictures. If a Scout's name is to be used, then only his first name will be presented.

