

SIGN-UP NIGHT REGISTRATION REPORT

Pack # _____
Troop # _____

Sign-Up Night Location: _____
Sign-Up Night Coordinator: _____

ATTENDANCE SUMMARY

SCHOOL(s)	YOUTH ATTENDANCE BY GRADE							TOTAL YOUTH
	KINDER	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	
Grand Totals:								

REGISTRATION SUMMARY

SCHOOL(s)	YOUTH REGISTERED BY GRADE							TOTAL YOUTH
	KINDER	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	
Grand Totals:								

- Text or Email report to Field Executive or email gcc.membership@scoutingaz.org