

Subscription Enrollment — For Fall 2023

This form is for families who want to start the monthly subscription in 2023

SUBSCRIPTION OPTION

| 0000111 | | |
|---|------------------------|-----------------|
| One Time Joining Fee and/or Scout Life Magazine (for Scout Life magazine. This charge will occur before so | 5 \$ | |
| A. Monthly Scout Charge (# of Scouts X \$16) | \$ | |
| B. Monthly Adult Charge (# of Adults X \$7) | \$ | |
| Total Monthly Charge* (Lines A + B) | \$ | |
| *Charges Stop Any Time with 30-Day Written Notice | | 1 |
| Participant Information | | |
| | Pack Troop Crew | |
| Youth First Name Youth Last Name | <u> </u> | Unit # |
| ***List additional youth or adults on the back of this form | 71 () | |
| Parent/Guardian Name/Information: First: | Last | : |
| Phone: Email | l: | |
| Payment Information | | |
| Credit | t/Debit Card: | |
| | Visa MC Discover | |
| Credit Card # | Card Type (Circle One) | Expiration Date |
| | | CVC |
| Electronic Ch | necking Information | |
| | | |
| | | |
| Bank Name | Routing Number | Account # |
| | | |
| Name on Card / Account | Signature | Date |
| Name on Gard / Account | Signature | Dale |



By signing above, I authorize the Last Frontier Council to charge/withdrawal the initial fee and monthly fees on or around the last day of each month from the card/account I have provided. I certify that I am an authorized signer for the account given and agree to pay these fees until registration has expired. I understand that monthly charges will continue until I send a 30-day cancellation notice to sara.mattes@scouting.org; monthly charges will continue until the end of the 30-day period. All payments are non-refundable.

Scout Registration Worksheet

Additional Youth Registrants

| First Name_ | Last | Pack/Troop/Crew Unit# |
|------------------------------|--|---|
| First Name | Last | Pack/Troop/Crew Unit# |
| First Name | Last | Pack/Troop/Crew Unit# |
| First Name | Last | Pack/Troop/Crew Unit# |
| First Name | Last | Pack/Troop/Crew Unit# |
| First Name | Last | Pack/Troop/Crew Unit# |
| Additional Adult Reg | | |
| First Name | Last | Pack/Troop/Crew Unit# |
| First Name | Last_ | Pack/Troop/Crew Unit# |
| *Families receive a 25% disc | ount with 4 registrations in the immed | liate family, 3 must be youth to qualify. |
| | ly adjusted discounted monthly total h | , , , |