DATE RECEIVED \_CONFIRMED\_

## F. D. Roosevelt State Park **Scout Merit Badge Program Application**

Comple	te entire form and k	eep a copy for your records!	
Leader's Name		Day Phone	
Cell Phone	E-mail		
Organization		Best Time To Call	
Address	Evening Phone		
City Sta	ite Zip	Fax #	
Troop #	Earliest Arrival	AM (ET) Departure	PM_(ET)
Quantity of Participants:	Adults	Scouts	
Bringing Picnic Lunch & Drinks?	Yes or No	Some picnic areas are sheltere	ed
	· ·	outs. Each additional scout is \$3 es if there is a material cost invo	• •
<b>Transportation:</b> Check all th □ School Bus □ Charter			
List <u>at least</u> 4 Program DATE	S in order of pre	eference:	
Preferred Time of Program:		Length of program:	
List your Scout Program request:			
Other information to help us	accommodate y	our group (allergies, limited	mobility, etc.):

Thank You!