District	Troop # transitioning into	Pack # transitioning from	**Parent Signature:** *I have read the information for parents on the reverse and approve the application. I affirm that I have or will read "How to Protect Your Children from Child Abuse"*	First Name	Last Name	Arrow of Light Earned Yes or N0	DOB	Age	Grade	Address 1	City	State	Zip Code	Phone No

Signature of Troop Leader: _____ Leadership Position: _____ Troop #: _____