COUNCIL
190.00000000000000000000000000000000000

## PHILMONT CAMPERSHIP APPLICATION

Name Philmont Expedition #			
Address _			
City, State	e, Zip	Phone #	
Troop#_	Community		
Rank	Birth Date		
	ns: Add Lines B, C, & D (Total Available Contri Subtract Line E from A (Total Cost of Philm ampership requested.	bution Toward ( ont Exp.) = Amt	Cost) Of
A.	Total Cost of Philmont Expedition		\$
В.	Family Contribution	\$	
C.	Scout's Earned Contribution	\$	
D.	Unit, Community or Civic Group Contribution	\$	
E.	TOTAL AVAILABLE CONTRIBUTIONS (add I	ines B,C,D)	\$
F.	SUBTRACT LINE E FROM A = FINANCIAL N	EED	\$
	AMOUNT OF CAMPERSHIP REQUESTED	\$	
Do you w	rish to elaborate on the need for this campership	o? yes	no
If yes, ple	ease describe:		
Unit Lead	der Approval	Date	
Parent's	Name		
Phone #:	Day Evening		