

Cub Scout Programs

Contact Name: _____

Contact #: _____

Troop/Den # _____

Grade/Scout level: _____

Program Name: _____

Day and time you would like to attend: _____

of scouts attending _____

\$6.00 per scout per program includes snack and craft.

Make checks payable to the Monroe Historical Society and send to:

Karen Cardi
15 Camelot Drive
Monroe, CT 06468