Trail of Tears Fifth-Grade Webelos Only

Return this completed list to your Unit Commissioner or District Executive before the October Roundtable.

Webelos Graduation Date:_____ **Pack #** _____ **Webelos Den#/Patrol Name** _____ **Date** _____

[ ] Our Pack has **NO** fifth-grade Webelos. **Our Pack has** _____ **fifth-grade Webelos.**

Cubmaster _____ **Phone #**_____ **Email** _____

Webelos Leader		**Assistant Webelos Leader**
Name_____	**Please Print**	Name_____
Address _____	**To Avoid Delaying**	Address _____
City_____ ZIP_____	**Processing**	City_____ ZIP_____
Home Phone _____		Home Phone_____
Work Phone _____		Work Phone_____
Email _____		Email _____

Webelos Name	Address	City	ZIP	Phone#	Birth Date

[ ] If your den is larger than 10 check here and list on the back.