



Tell us about yourself!

News about me and my family (for possible inclusion into *The Belltower*):



My Camp Affiliation:

- Three Point Sandy Beach
- Medicine Bow All Three

Staff positions held:

My first year at Yawgoog was: _____ with Troop _____

from: _____

I'm an Eagle Scout: Yes No

Honors and recognitions received (both in Scouting and community):

Send to:
Narragansett Council
Boy Scouts of America
Yawgoog Alumni Association
P.O. Box 14777
East Providence, RI 02914-0777
Attention: YAA

(401) 351-8700 Fax: (401) 351-5515

2009 Yawgoog Alumni Association Project

Membership Renewal



Enroll me as a
2009 CY Alumni Member:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

PLEASE PRINT

Project Support

The 2009 YAA Project will be to refurbish our Three Point Amphitheatre and to provide Shooting Sports with additional equipment.

Thank you for your past support!



Indicate:

My (our) own gift to the camp

In Memory of: _____

in Honor of: _____

Scholarship Support



Camp Yawgoog
"Staff Scholarship" Fund:

Since 1993 the Alumni Association has awarded College Scholarships to Yawgoog Camp Staff.

In 2008 four deserving Camp Staff members were awarded \$1,000 each in scholarships. The funds for these scholarships are drawn from the Alumni Association's annual budget.

In order to secure the future of the Scholarship Program, and provide for its expansion in the years to come, we have established a separate "Staff Scholarship" Endowment Fund.



1. **My dues:** These are payable one time by check or credit card or you may decide to be billed:

\$25 (Bronze CY) \$50 (Gold CY) \$75 (Silver CY) \$500 (Lifetime Member CY)

2. **Staff Scholarship Endowment Fund:** \$1,000 \$500 \$250 \$100 Other: \$ _____

3. **Project Support - To Refurbish our Three Point Amphitheatre:**

\$1,000 "Center Stage" \$750 "Stage Right" \$500 "Stage Left"

\$250 "Footlights" \$100 Friend My own Gift level: \$ _____

TOTAL ENCLOSED Payable to: Narragansett Council - BSA: \$ _____ or

Payment method: Check Bill me: ___ Monthly ___ Quarterly ___ Annually in _____

Credit Card: MC VISA Card Number: _____

Exp. Date: _____ Three number security code _____ Signature: _____

**WANT AN EASY WAY
TO SUBMIT YOUR DUES?
GO TO OUR WEB SITE
WWW . NARRAGANSETTBSA . ORG
SAFE AND SECURE**