



Scout Night at the Legends

Open to all Blue Grass Council Scouts and their families.

Saturday

August 29, 2020

Game Begins 6:45 PM

Register

BGBSA.org

Fax 859-252-3785

Mail to:

**Blue Grass Council, BSA
2134 Nicholasville Rd.,
Suite 3
Lexington, KY 40503**

**Phone registrations will
not be accepted.**



Lexington Las Leyendas

VS



Florence Y'all's

Game Tickets only - \$10.00 per person

(2 and under - free)

What You Get:



Game Ticket



Commemorative Patch

***Youth = 18 and under for Packs and Troops, 21 and under for Venturing Crews**

++Parking is NOT included in the ticket price++

****** IMPORTANT SAFETY PROTOCOLS ******

Visit this website for more information:

<https://www.milb.com/lexington>



****** IMPORTANT Registration Information ******

Registration for this event is being handled by the Blue Grass Council, BSA office. Please do not contact the Lexington Legends directly. Mail/fax registrations are due in the council office by August 24, 2020 with completed registration form. Online registration will be available until midnight, on Monday, August 24th. Make checks payable to the Blue Grass Council. Tickets will be available for pickup at a table in front of the stadium before the game starts. A \$5 late fee will be applied to walk-ins.



Scout BSA Night with the Legends



REGISTRATIONS DUE Monday, August 24th

Mail with payment to Blue Grass Council, BSA, Campout with the Legends, 2134 Nicholasville Rd., Suite 3, Lexington, KY 40503
or fax with credit card information to 859-252-3785 online registration available at www.bgbsa.org

Unit Type: Pack Troop Crew Unit Number: _____

Adult Contact Name: _____

Address: _____

City, State, Zip _____

Email _____

Phone _____

of Tickets requested:

Game only: children 2yrs & under ___ x free (please include a number so we know what to expect)

Game only: 3 yrs and up ___ x \$10.00 = \$ _____

TOTAL DUE = \$ _____

Payment Type:

Check enclosed Charge my (check one)** Visa MasterCard Am. Express Discover

Card Number _____ Exp. Date _____ CVV _____

****By registering for this event, you are agreeing to the BSA Informed Consent, Release Agreement and Authorization found in Part A of the BSA Health and Medical Form****
<https://www.bgbsa.org/document/bsa-health-and-medical-form/173551>

Event Code: 6LLCO

FOR OFFICE USE ONLY—DO NOT WRITE IN THIS BOX



Date pymt rcvd _____ Invoice # _____