

CONFIDENTIAL RECORD SHEET
DIVISION OF PERSONNEL
B.S.A.

DATE July 1, 1963

Full Name WILLIAM H. WINSLOW
(No initials if you can possibly get full name)

Address 32 Sterner Avenue

City Broomall State Pa.

Age 42 (This is important and should be exact)

Approximate age _____ (To be used ONLY when exact age is not known)

Religion Presbyterian - Epis Nationality _____

Occupation Printing Salesman

Education _____

Weight 202 Color white Height 6'11"

Color of hair Auburn Color of eyes blue

Outstanding characteristics or interests _____

Married or single married Children a son David C. age 8
(Number, ages, and names, if possible)

Wife's name _____

SCOUTING CONNECTIONS:

Unit #	City	State	Office	Date Reg'd.	Date resigned
Pack 151	Broomall	Pa.	Asst. CM	9-17-62	12-31-62
" "	" "	" "	" "	12-62	F/103 12-63

Special recognition _____

Recommended for Confidential File for following reasons:

Signed _____
Scout Executive

68-294-31

TSBSA012107

DYKES_I_013221

July 1, 1963

Mr. Kenneth L. Oliver
Scout Executive
Valley Forge Council, No. 507

PERSONAL AND CONFIDENTIAL
Re: William H. Winslow,
Asst. Cubmaster, Pack 3151

Dear Mr. Oliver:

We received a letter recently from Mr. Eugene S. Tade, Director of Field Service, concerning Mr. William H. Winslow, Assistant Cubmaster of Pack 3151. We have placed this information in our file and have taken steps to have his name deleted from the Pack roster.

This information will enable us to identify Mr. Winslow, should he ever again attempt to register in the Scouting program.

Sincerely yours,
PERSONNEL DIVISION

John D. Webster
Assistant Director
Registration Service

JDW:lw

TSBSA012108

DYKES_I_013222



TS/MS/KS v. BOA, et al.
Produced Pursuant to

13-2372749

CRIMINAL INVESTIGATION
 FIELD INVESTIGATION
 PHILA. OFFICE

William H. Winslow
 32 Sterner Ave.
 Broomall, Pa.
 Asslt. Sol. to commit sodomy

42	6-1"	202	Blue	Sub.	Well
REMARKS					

TS/MS/KS v. BS et al. No. 03-23727-9
 Produced Pursuant to Protective Order

APPLICATION FOR ADULT REGISTRATION

BOY SCOUTS OF AMERICA

NATIONAL COUNCIL

C. COHEN SEP 28 1962

THIS APPLICATION MUST BE FILLED OUT PERSONALLY BY EACH ADULT WHO IS NOT LISTED ON THE UNIT CHARTER APPLICATION OR COUNCIL ROSTER AND WHO:

STATUS

1. Registers for the first time, regardless of position. (New)

2. Has been separated and is reregistering. (Sep.-Re.)

3. Is now registered in this council, separating from current position and transferring to new position. (Transfer)*

4. Is now registered in another council. (Transfer)

FOR OFFICE USE ONLY			
REGION NO.	COUNCIL NO.	DISTRICT NO.	Pack (Type of unit) NATIONAL NO.
3	507	1	3151

Note to Den Mother: Where both husband and wife are registered, both receive SCOUTING magazine. If you would rather that we leave your name off the mailing list, please check box at right. The registration fee is the same in either case.

I hereby make application for registration with the Boy Scouts of America and subscribe to its Scout Oath and Scout Law and its declaration of religious principle as stated on reverse side of sheet. I agree, if a registration certificate is granted, to be guided by the Constitution and Bylaws of both the National Council and local councils and such rules and regulations as may be promulgated by them.

I transmit herewith \$1.00 membership fee for one year (or a pro rata fee) half of which is to cover subscription to SCOUTING magazine for the period of my membership.

SIGNATURE OF APPLICANT: William H. Winslow DATE: 9-17-62

Name: William H. Winslow (Please print or type full name)

Mailing address: 32 Sterner Ave Business phone: LOP 1770

City: Broomall Zone: _____ State: Penna Home phone: ELG 4719

To serve as: Ass. Cub Master (Position in unit or council)

Of: Cub Pack Local No. 151 OR Council name: V.F.

City: Broomall ✓ State: Pa

From: 9-17-62 (Date of registration) To: 12-31-62 ✓ (Expiration date of unit or council)

Occupation: Printing salesman Are you married? Yes No

Age: 41 U.S. citizen? Yes No OR Declaration of Intention: Yes No Sex: M

Have you an unexpired registration card? Yes No If so, where paid? _____ (Name of council) _____ (Unit number)

Have you been registered in Scouting in any adult capacity? Yes No What position? _____ Where? _____

When and how long? _____

What is your religious preference? (See other side, Article IV) Episcopal

APPROVED BY: _____ (See "Approval" on other side)

CHECKED BY: G. COHEN
SEP 28 1962
OCT - 5 1962 M.W.
STENCIL BUREAU

LOCAL COUNCIL APPROVAL

We hereby approve this person and recommend certificate be issued.

Date: _____ Signed: Kenneth L. Olivier
Scout Executive

*NOTE: Please submit Separation Notice (No. 6108) for position individual is leaving.

Check Adult Registration Fee Paid

<input type="checkbox"/> 1 mo. 10c	<input type="checkbox"/> 5 mo. 50c	<input type="checkbox"/> 9 mo. 8
<input type="checkbox"/> 2 " 20c	<input type="checkbox"/> 6 " 50c	<input type="checkbox"/> 10 " 9
<input checked="" type="checkbox"/> 3 " 30c	<input type="checkbox"/> 7 " 60c	<input type="checkbox"/> 11 " \$1.0
<input type="checkbox"/> 4 " 40c	<input type="checkbox"/> 8 " 70c	<input type="checkbox"/> 12 " \$1.0

JOAN WALSH OCT 1 1962

OCT 8 1962