

CUB RESIDENT CAMP REGISTRATION FORM

Scout Registration



Last Name _____ First Name _____

Address _____

City / State / Zip _____

Telephone: Daytime (_____) _____ Evening (_____) _____

Parent/Guardian Name _____

Pack No. _____ District (Circle One): Arrowhead Grand River Headwaters Whispering Pines
Grade this Coming September _____

Have you attended Resident Camp before? Yes No If Yes, how many years? _____

Camp Sessions - Please check only one session. Use a separate form for each week.

_____ July 10 - 13

_____ July 17 - 20

_____ July 24 - 27

_____ July 31 - August 3

Fees

- All Sessions -

Youth \$152.50/participant
(\$132.50 if paid by May 14, 2008)

Fee includes official camp T-shirt.

To qualify for the "Early Bird" fee, this form and fees must be RECEIVED in the Council Service Center by May 14, 2008.

Camp T-Shirts

Circle correct size, if in doubt, order larger size. Sizes are not interchangeable at camp. Additional t-shirts will also be available for purchase (\$10.00 each) prior to the Early Bird deadline.

Youth M

Youth L

Adult M

Adult L

Adult XL

Adult 2XL

All participants must turn in a COPY of a "Personal Health and Medical Record" upon arrival at camp. The medical examination by a Health Care Practitioner must be completed every three years through age 39. Adults age 40 and older must have a physical every year.

The "Camper Release Authorization" form FOR PARTICIPANTS UNDER AGE 18 MUST BE COMPLETED BY PARENT/GUARDIAN.

Event Code: 900159