

CUBS IN CAMP

FALL 2015 REGISTRATION

LEADER'S NAME _____ DISTRICT _____ PACK # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # (____) _____ EMAIL _____

Roster below must be fully completed with name and information requested for each Scout and adult participant.
Send this completed roster and payment information to the Council Service Center to register for the Cubs in Camp program.

Please indicate t-shirt size as: youth small, youth medium, youth large, adult small, adult medium, adult large, adult XL, or adult XXL

** T-SHIRT CANNOT BE GUARANTEED IF REGISTRATION IS RECEIVED SEPTEMBER 19 **

NAME OF PARTICIPANT	Scout/ Adult / Sibling	T-SHIRT Size	Saturday Only	Saturday and OVERNIGHT to Sunday

No. of Current Cub Scouts Attending: _____

No. of Adults _____ No. of Siblings _____

No. of Free Cub Scouts (Newly Registered in the months of July 2015 – October 2015) _____

Total No. of Parents Attending with Free Cub Scout _____ x \$15.00 (lunch provided)

No. of Free Cub Scouts / Parents - Tent Camping _____ x \$10.00 or Pod Camping _____ x \$30.00

No. of Day Paying Participants _____ x \$15.00 (lunch provided) [\$25 after 9/19] _____ Due

No. of Overnight Tent Participants _____ x \$25.00 [\$35 after 9/19] _____ Due
(Lunch, dinner and continental breakfast provided with registration. Must provide own tent.)

No. of Overnight Pod Rental - \$45 per pod camper: _____ pod campers x \$45.00 [\$55 after 9/19] _____ Due
(lunch, dinner and continental breakfast, sleeping space in a theme area pod provided with registration)

Total Number of Participants: _____ Total Amount: _____

Questions? Please contact our Program Director at judyw034@yahoo.com or (585) 705-9972