

2016 Northern New Jersey Council, BSA - Weboree XXVII Staff Registration 2016

Please print clearly. Include area code in phone numbers. See Staff Information Sheet on reverse.

Name: _____ Phone: _____ Alt. Phone: _____

Address: _____ e-mail: _____@_____

City: _____ State: _____ Zip: _____ Check Adult (18+)
 One: Youth (under 18) *must have SM or Crew Advisor approval below

(circle) Troop / Pack / Crew #: _____ or District: _____

Basic Staff Fee (includes meals, nametag, hatpin, certificate, patch, T-shirt)	\$30.00
Optional Items:	
<input type="checkbox"/> I do not have a hat from Weboree 24* or before and would like to purchase one, add \$6
<input type="checkbox"/> I would rather have a Polo shirt instead of T-shirt, add \$8.00 (sizes S – 2XL only)
* Please do not wear the commemorative Weboree XXV hat on Weboree
	Total = _____

The above-named Boy Scout is at least 1st Class Rank, and has at least 1 Boy Scout summer camp experience (minimum 6 days/5 nights). **or**
 The above-named Venturer has at least 1 year of active outdoor participation in the Crew.

I recommend him/her to be on staff. SM/CrewAdvisor: _____

Please **circle** your T-shirt size (all men's sizes):

S M L XL XXL XXXL

Note that we cannot guarantee T-shirts if we receive your application after 5/15/16 (see Staff information sheet).

I plan to eat the following **Staff meals (please check all boxes that apply):**

	Friday	Saturday	Sunday
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any special dietary needs: Diabetic
 Vegetarian
 Other _____

I apply to be a member of the NNJC Weboree XXVII Staff. I have read and am familiar with the Staff information sheet.

Photo Release
 I acknowledge that during Weboree, photographs and/or video images may be made of the activity staff and participants. Such photograph and/or video images may be used for publicity for Weboree and the Boy Scout program by print, broadcast, and/or digital publication in newspapers; newsletters; unit, district, or council websites; and similar media; and for Weboree historical record purposes. I grant my permission for such use of images including the above named staff member, and all members of his/her family that are present at Camp No-Be-Bo-Sco during Weboree, and for all Weboree-related activities.

Release to Obtain Medical Treatment
 In the event of an emergency, the Weboree staff has my permission to obtain medical treatment for this Staff member at the nearest hospital or doctor, at my expense, if our own doctor is not readily available. I acknowledge that I am responsible for all costs associated with such treatment.

(sign): _____
 (if youth) (parent sign): _____

Staff Job: _____ Chair approval: _____

OFFICE USE ONLY

Received by: _____ Registrar: _____
 Date: _____

Please enclose your staff fee as computed above (Checks payable to "Northern NJ Council, BSA") and mail to: Weboree XXVII Staff, c/o Northern NJ Council BSA, 25 Ramapo Valley Rd., P.O. Box 670, Oakland, NJ 07436

Rev. 3/21/16

Deadline: 5/15/16 if you want your choice of T-shirt size, 5/15/16: take your chances