

Cub Scout Application **West Wind Cub Day Camp 2011**

CSI: Cub Scout Investigators

for Cub Day Camp August 22nd - August 26th 2011 • Chelmsford MA & Camp Lone Tree for Webelos II



Please fill in this form as completely and accurately as possible. As a parent or guardian I understand that the Camp BSA Annual Health and Medical Record is required for all attendees of Cub Camp.

I want to attend Cub Day Camp!

Cub Scouts Name: _____

Town: _____ Pack Number: _____

Cub Scout level my son is CURRENTLY IN: Tiger Wolf Bear Webelos I

Cub Scout level my son will go into next: Tiger Wolf Bear Webelos I Webelos II

School grade my son will enter in Sept. 2011: First Second Third Fourth Fifth

(One Camp T-shirt, to be worn each day as the Camp uniform, is included in the Camp Fee.)

My Camp T-Shirt Size is:

- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult X-Large
- Adult XX-Large

I would like additional T-Shirts @ \$10 each in the following sizes:

(each box checked
will be counted for the total
T-shirt order)

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| } | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Youth Medium |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Youth Large |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult Small |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult Medium |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult Large |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult X-Large |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult XX-Large |

Adult Contact Information

Parent/Guardian Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____ Business #: _____

Please keep me on the Camp e-mail list. E-Mail Address: _____

The Camper fee of \$185 is due with this application into Council Office on or BEFORE May 1, 2011.

After May 1st, the fee increases to \$210 • After July 1st, the fee increases to \$260

(be sure to include \$10/shirt for any additional Camp T-Shirts you ordered above)

Payment is to be: VISA MC Check (payable to: Yankee Clipper Council, BSA) Total enclosed: \$ _____

Name on Credit Card: _____

Account Number: _____ - _____ - _____ - _____ Expiration Date: _____

Signature: _____

The Camp Health and Medical Record form is required for EVERYONE in camp and be found at: www.yccbsa.org/camps/medicalforms.htm
(This includes all Adult volunteers, Boy Scout and Girl Scout volunteers and siblings in Tot Lot)

Send payment along with this Application and Health Form to: Yankee Clipper Council, BSA, 36 Amesbury Road, Haverhill, MA 01830-2802