



Camp MoonRaker – Twilight Camp Registration Form



Scout's Name: _____ Pack: _____ DOB: _____ Grade on 9/1/11 _____
 Parent's Name: _____
 Address: _____
 Town/City: _____ State: _____ Zip: _____
 Telephone (Home) _____ (Work) _____ (Mobile) _____
 E-mail (please write clearly) _____

My Son will attend camp on the following date: _____ July 18-22, 2011 (Fee of \$150 before May 1st, \$175 After May 1st)

VOLUNTEER REGISTRATION: *Twilight Camp is an ALL volunteer program. We need **YOUR** help to run it. (An adult volunteer application must be filled out and attached. Please include MA CORI form and a copy of the front and back of your state-issued ID). All forms are available at <http://www.yccbsa.org/camps/campforms.htm>)*

Adult Volunteer Name: _____

Check one: _____ Den Escort (**Circle Days**) **M T W Th F** (\$50 reimbursement for all 5 days) _____ Staff (**all week**)

Boy/Girl Scout Volunteer Name: _____
 Days (**Circle days**): **M T W Th F** **** Youth Volunteer must be 14 years of age to assist unless parent is in camp.**



Thursday, July 21 we will be our outing to Coco Key Water Resort. Families are invited to attend at a cost of \$20 per person. Please indicate below if additional family will be attending.
 I will be bringing _____ additional people. (**Payment is due by Monday, July 18, 2011**)

PARENTAL AGREEMENT: *I have read this brochure and understand that I must submit a **BSA Annual Health and Medical Record Form** that is signed by both a parent/guardian and a physician. Health and Medical Record Forms are available at <http://www.yccbsa.org/camps/medicalforms.htm>.*

****Please Note: Photos taken during camp may be used for promotion in the future.**

Please indicate what size T-Shirt (included in your camp fee) your son needs (Additional shirts are available for \$12 each)

___ Youth Large (14-16) ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large ___ Adult XX-Large

PAYMENT INFORMATION

Enclosed: Twilight Camp Fee = \$ _____ Extra T-Shirt(s) _____ Coco Key (Optional): _____

Total Amount Enclosed: _____

Method of Payment: ___ Credit Card (Visa/ MC) ___ Money Order ___ Check (payable to Yankee Clipper Council, BSA)

Name on Credit Card: _____

Account Number: _____ **Expiration Date:** _____

**Mail to: Yankee Clipper Council, BSA, 36 Amesbury Road, Haverhill, MA 01830
 Fax to: (978) 373-9134**