

2009 Greater Lowell Cub Day Camp REGISTRATION

Camp dates: August 17-21 2009

Please fill out form completely to ensure your son is placed in the proper scout den level

Boy's Name _____ Pack # _____ Date of Birth _____
 Parent's Name _____
 Address _____
 Town/City _____ State _____ Zip _____
 Telephone _____ Cell or Business _____
 Parent email address _____ @ _____

Cub Scout level your son is **CURRENTLY IN** (circle) Tiger Wolf Bear Webelos I
 Cub Scout level your son will go into next (circle) Wolf Bear Webelos I Webelos II
 School grade your son will enter September 2009 (circle) Second Third Fourth Fifth

Camp fee of \$150 is due into Council BEFORE May 1, 2009. After May 1st, the fee increases by \$25 to \$175.

Cub Scout Day Camp is an all volunteer program and need your help to run it. Separate VOLUNTEER REGISTRATION forms are needed for every person that comes to camp, whether it's for one day or five days. Health forms are also required for EVERYONE in camp (as well as younger siblings in Tot Lot) Please consider volunteering and attach an adult volunteer application form:

Adult Volunteer Name: _____

Check one: Den Escort (circle days) M T W Th F
 (\$80/\$105 reimbursement will be made after camp if you can stay for all 5 days)
 Program Staff (Full reimbursement will be made after camp if you can stay for all 5 days)

Boy Scout Name: _____ Age: _____

Circle the day(s) you'll be able to help out. Days M T W Th F (must be 14 unless parent is in camp)

Girl Scout Name: _____ Age: _____

Circle the day(s) you'll be able to help out. Days M T W Th F (Girl Scouts assist in Tot Lot)

Baby-sitting under Adult Supervision is available for other children of parent volunteers, if necessary. Please list names and ages of children

Name: _____ Age _____ Name _____ Age _____

**Photographs taken during camp may be used for promotion in the future.*

PARENTAL AGREEMENT: I must submit a Cub Scout Health History Form, that is signed by a parent and approved by a physician ALONG WITH this application.

Signed: _____

Please indicate which size t-shirt your son needs
 (price is included in camp fee)

- | | |
|--|---|
| <input type="checkbox"/> Youth medium (size 10-12) | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Large (size 14-16) | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult XX-Large |
| <input type="checkbox"/> Adult Medium | |

I would like to order _____ (qty.) additional
 Cub Camp t-shirts for \$9.00 each

- | | |
|---------------------------|----------------|
| Youth medium (size 10-12) | Adult Large |
| Youth Large (size 14-16) | Adult X-Large |
| Adult Small | Adult XX-Large |
| Adult Medium | |

Enclosed: Day camp Fee of : \$150/\$175 plus Extra T-shirt fee = \$ _____ Total = \$ _____

Method of payment: _____ VISA _____ MC _____ Check (payable to Yankee Clipper Council, BSA) Total enclosed \$ _____

Name on Credit Card: _____

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

Signature _____

MAIL payment and all documents to: Yankee Clipper Council, BSA, 36 Amesbury Road, Haverhill, MA 01830-2802