

DUE NO LATER THAN 10:30 AM SATURDAY

CAMPFIRE SKIT PARTICIPATION RESERVATION

Please provide the information requested below completely. SPL Breakfast Ticket will be provided when this form is submitted.

If scouts from your unit wish to participate in the Saturday campfire program, this form must be submitted to the Camporall Chairman no later than 10:30am on Saturday before the activities begin. Due to time constraints, only one activity may be submitted per Unit. **This is Scout Spirit.**

The Camporall Chairman has the final decision over which activities will be performed.

- Your Troop will be notified prior to Dinner on Saturday of your activity's position in the Campfire program.
- To conserve time, please ensure that your unit's performers are ready and assembled to one side of the Campfire area a few moments before your performance time. Tardiness may result in your performance being skipped.

Unit # Unit	Type (circle one)	Troop Tean	n Staff	Guest		
Patrol Name (if performed	by a specific Patrol)					
Activity Leader						
Activity Type (circle one)	Cheer	Song	Skit			
Activity Title					_	
Estimated Time Required:	min Nun	nber of Partici	oants		_	
Write a Brief Description:						
Props and Staging Needed:				£		

THANK YOU

ONLINE REGISTRATION is OPEN <u>Camporall 2020</u>

Unit Registration Form

Deadline to submit to Scout office: Wednesday, April 10th

CONTACT:					
EMAIL:					
UNIT#	DISTRICT:				
# of Boy Scouts, Ventures, etc.		@	\$ 30 =		
# of Adults — no meals		@	\$ 30 =		
# of Adults – with meals		@	\$ 60 =		
Grand Totals:	-		\ <u>-</u>		
Office Receipt_#					
CHARGE UNIT ACCOUNT	CHECK		_CASH	CREDIT CARD	
Check-in will run from 4-9:30 p.r	n.				

ADULT WEEKEND 4 MEALS: \$30:

- Adults will be served Saturday breakfast, lunch, dinner and Sunday breakfast by purchasing a \$30 card.
- Single meals may be purchased for \$10 each.
- Complementary Friday night Cracker barrel 9:30 p.m.

CAMPORALL PATROL INFORMATION

TROOP/UNIT NUMBER:	
PATROL NAME REQUIRED	5-9 SCOUTS PER PATROL
1 st Patrol Name:	No. of Scouts in Patrol:
2 nd Patrol Name:	No. of Scouts in Patrol:
3 rd Patrol Name:	No. of Scouts in Patrol:
4th Patrol Name:	No. of Scouts in Patrol:
5th Patrol Name:	No. of Scouts in Patrol:
6 th Patrol Name:	No. of Scouts in Patrol:
7 th Patrol Name:	No. of Scouts in Patrol:
Troop / Unit Number: FRIDAY ARRIVAL TIME APPROX, APRI SUNDAY DEPARTURE TIME APRIL 19**	
Each Unit is requested to provide two	people who will help run an activity. (<u>PLEASE PRINT</u>)
Name	Email:
Name	Email:
SCOUTMASTER'S EMAIL & PHO	
N A M E	
Email:	Cell Phone no

ROSTER

Please use your troop account at my.scouting.org to print out the roster list of scouts and adults attending, because each attendee must be verified as registered with the national Boy Scouts of America organization.

Adult Leaders	Date in Camp	Emergency Contact	Emergency Phone	Date of Youtl Protection Training
Primary				
			Y	
e unit leader responsible fo completed Youth Protection	or Youth Prote	ection training in t	his unit, I verify tha	t the above adult I

Youth Names	Rank	Age	Emergency Contact	Emergency Phone
	1	L		