

CUB SCOUT DAY CAMP YOUTH APPLICATION

(One application per Scout participant)

APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED MEDICAL FORM

Forms should be turned in to your Pack Coordinator

District	Pack Number	Council		
Name (Scouts Only)	(Eirot)	(Loot)	Age
Address		City	State	Zip
Name of parent / guard	lian attending camp			
HM #	Cell #	Ema	uil	
1 st Grade (Tiger)_			ering in September 20 ar) 4 th Grade (W	016: eb) 5 th Grade (Web)
CAMPER T-SH	IRT MUST BE WORN I	EACH DAY OF CAMI		MP REGISTRATION FEE. commend Extra Shirts BLE AFTER CAMP
	Boy's Large(1)Adult Small(2)Adult Medium(1)Adult Large(1)Adult XL(1)	10-12) 12-14) 34-36) 38-40) 42-44) 42-44)		requested of each size One shirt is provided with a camper registration. Additional shirts are
• TW	L 23 \$ 70.00 \$ 85.00 1 \$ 90.0 PLEASE YNE TRACE O RIVERS))0 GR. CHECK DAY CA	= = AND TOTAL = MP ATTENDING WRIGHT BROTH SUNWATCH	\$ \$ \$ ERS
ON	LINE. YOUR COORDINATO	R WILL REGISTER YOU	NOT BRING TO THE COUNC AS PART OF THE PACK ATT R FOR CAMP THROUGH TH	