

CUB SCOUT DAY CAMP TAG ALONG APPLICATION

(One application per person) APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED MEDICAL FORM

District	Pack Number	Council				
Name (Tag-Along)	(T:)			Age	Circle one	M or F
	(First)	(Last)				
Address		City		State	Zip	
Name of parent / guard	lian attending camp_					
HM #	Cell #]	Email			
ALL TAG AL	Please check which ONGS MUST BE A	CCOMPANIED	BY A PARENT			I DAY
SIZE QUANTITY Boy's Medium (10-12) Boy's Large (12-14) Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult XL (46) TOTAL SHIRTS					quanti requested One ship with a fi long re Addition	enter the total ty of shirts of each size the provided ve day tagegistration. The properties of the total shirts are the total shirts a
1 ST SHIRT FREE W/ FEE BEFORE APRI FEE UNTIL MAY 21 FEE AFTER MAY 2	5 DAYS \$ 10.0 L 23 \$ 14.0 \$ 17.0 1 \$ 19.0	0 X # OF EXTI 0 X # DAYS 0 X # DAYS 0 X # DAYS	RA T-SHIRTS GRAND TOTAL	= 9 = 9 = 9	6 6 6	
_ ***	PLEASE YNE TRACE	CHECK DAY	CAMP ATTENI		ne .	
□ WA` □ TW(WRIGHT BROTHERSSUNWATCH				

PLEASE TURN IN THIS REGISTRATION FORM TO YOUR PACK. PLEASE DO NOT BRING TO THE COUNCIL SERVICE CENTER OR REGISTER ONLINE. YOUR COORDINATOR WILL REGISTER YOU AS PART OF THE PACK ATTENDING CAMP.

IF YOUR PACK IS NOT ATTENDING CAMP YOU MAY REGISTER FOR CAMP THROUGH THE COUNCIL WEBSITE.