

2010 CAMP BOYHAVEN SUMMER RESIDENT CAMP ADULT REGISTRATION FORM

(EVERY ADULT ATTENDING CAMP MUST SUBMIT THIS FORM)

Your Name: _____
Your Scout's Name: _____
Street Address: _____
City/State/Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Emergency Phone: (____) _____ Email: _____
Pack Number: _____ District or County: _____

Please check the session(s) you will be attending and the applicable fee(s):

CUB WEEKEND CAMPING: ___ July 9th to 11th ___ \$90 Adult Fee
 ___ July 23rd to 25th

WEBELOS CAMPING: ___ July 13th to 16th ___ \$110 Adult Fee
 ___ July 18th to 21st
 ___ July 27th to 30th

All adults attending camp must submit a completed Health Form to the Camp Health Director upon arrival at Camp.

Attending a Cub Weekend Camping: Parts A and C of the medical form must be completed.

Attending a Webelos Camping Session: Parts A, B, and C of the medical form must be completed.

PAYMENT INSTRUCTIONS

IF YOUR SON'S PACK IS COORDINATING SUMMER CAMP SIGN-UPS, APPLICATION FORMS AND CHECKS (MADE PAYABLE TO "YOUR PACK") SHOULD BE SUBMITTED TO THE PACK CAMPING COORDINATOR