

2010 CAMP BOYHAVEN SUMMER RESIDENT CAMP SIBLING REGISTRATION FORM

SIBLING INFORMATION:

Name: _____ Birth date: _____
Street Address: _____
City/State/Zip: _____
Pack Number: _____ District or County: _____
Parent/Guardian Name(s): _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email Address: _____

Cub Weekend Camping: ___ July 9th to 11th
 ___ July 23rd to 25th

Webelos Camping : ___ July 13th to 16th
 ___ July 18th to 21st
 ___ July 27th to 30th

___ \$ 35 Deposit (Due upon registration)
___ \$ 155 Regular Fee
___ \$ 205 Late Fee (after 5/1)

___ \$ 35 Deposit (Due upon registration)
___ \$ 195 Regular Fee
___ \$ 245 Late Fee (after 5/1)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PAYMENT INSTRUCTIONS

APPLICATION FORMS AND CHECKS (MADE PAYABLE TO "YOUR PACK") SHOULD BE SUBMITTED TO THE PACK CAMPING COORDINATOR. THE PACK SHOULD SUBMIT ONE CHECK TO THE COUNCIL WITH ALL THE FORMS.

CAMP BOYHAVEN SIBLING POLICY

Each Pack should decide whether to allow a registered Cub's siblings to attend Resident Overnight Camp with the Cub's adult.

Packs that allow siblings to attend the camping sessions must abide by the following conditions.

1. The sibling has to be a sister or younger brother
2. The Camp Staff and Den Leaders have no supervisory responsibility for the sibling. The parent must supervise the sibling at all times.
3. Completed medical forms still need to be turned in.
4. Swim tests are mandatory for anyone wanting to use the Waterfront. The sibling could swim only if supervised one-on-one by their parent.