

2008 CUB SCOUT DAY CAMP REGISTRATION FORM

Name of Cub Scout: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Grade as of 9/1/2008: _____

Pack #: _____ Rank as of 9/1/2008: _____

Parents Signature (Required): _____ Cell Phone: _____

CUB SCOUT DAY CAMP SESSIONS AT THREE SAINTS PARK

	<u>Early Bird Fee Paid by 5/14/08</u>		<u>Paid AFTER 5/14/08</u>	
	Fee	Brother Fee	Fee	Brother Fee
____ Week #1 Monday, July 14-Friday July 18	\$150.00	\$130.00	\$175.00	\$155.00
____ Week#2 Monday, July 21-Friday July 25	\$150.00	\$130.00	\$175.00	\$155.00
____ Non-Scout (6-10 yrs old) Additional Fee	\$25.00	\$25.00	\$25.00	\$25.00

CHECK THE APPROPRIATE WEEK(S) YOU WILL ATTEND AND CIRCLE THE FEE AMOUNT(S) PER YOUR PAYMENT DATE.

Total Number of Weeks: _____ Total Payment Amount: _____

REFUND POLICY:

THERE IS NO REFUND FOR MISSED DAYS.

Each session requires a \$25 non-refundable deposit. Refunds for the balance are made only for the following:

- Serious illness or accident
- Death in the family
- Your son attend summer school, which will conflict with the camp schedule
- Your son moves from the Housatonic Council jurisdiction prior to camp starting

ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31, 2008

Payment by Cash or Check

Amount Enclosed: \$ _____

Date: _____ Check #: _____

Remit to: Housatonic Council, BSA

326 Derby Avenue

Derby, CT 06418

Credit Card Payment

Credit Type: (circle one) MC VISA

Name of Card Holder: _____

Account Number: _____

Expiration Date: _____

Signature: _____

For Office Use Only:

Medical and Medication Form attached: _____ Invoice #: _____

Date: _____ Amount Received: _____

* Non-Scouts will need to fill out Youth Application. Register with Pack 555.*