

2009 CAMP STRANG REGISTRATION FORM

Name: _____ Age: _____ Birth date: ____/____/____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Unit #: _____ Unit's Town: _____
 Parents Signature (Required): _____ Cell Phone: _____

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

Camp fee includes a \$25.00 non-refundable deposit.

BOY SCOUT RESIDENT CAMP SESSIONS AT CAMP STRANG

	Early Bird Fee		Fee	
	Paid in Full by 4/15/09		Paid after 4/15/09	
	<u>One Week</u>	<u>Each Additional Week or Brother</u>	<u>One Week</u>	<u>Each Additional Wk or Brother</u>
_____ Week #1 Sunday, July 5-Saturday, July 11	\$305.00	\$285.00	\$330.00	\$310.00
_____ Week #2 Sunday, July 14-Saturday, July 18	\$305.00	\$285.00	\$330.00	\$310.00
_____ Week #3 Sunday, July 19-Saturday, July 25	\$305.00	\$285.00	\$330.00	\$310.00
_____ Week #4 Sunday, July 26-Saturday, Aug 1	\$305.00	\$285.00	\$330.00	\$310.00

WEBELOS RESIDENT CAMP SESSION AT CAMP STRANG

	Early Bird Fee	Fee
	<u>Paid in Full by 5/15/09</u>	<u>Paid after 5/15/09</u>
_____ Week # 5 Sunday, Aug 2 - Friday, Aug 7	\$275.00	\$295.00

Name of Leader Attending Camp with Scout: _____

Total Number of Weeks: _____ Total Payment Amount: _____

REFUND POLICY:

THERE IS NO REFUND FOR MISSED DAYS.

There is a \$25 non-refundable deposit included in the camp fee. Refunds for the balance are made only for the following reasons:

- Serious illness or accident
- Death in the family
- Your son must 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, 2009

Payment by Cash or Check

Amount Enclosed: \$ _____

Date: _____ Check #: _____

Remit to: Housatonic Council, BSA

326 Derby Ave

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:

Invoice #: _____

Date: _____ Amount Received: _____