

2010 CUB SCOUT DAY CAMP REGISTRATION FORM

Name of Cub Scout: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birth date: ____/____/____ Grade as of 9/1: _____
 Pack #: _____ Rank as of 9/1: _____
 Parents Signature (Required): _____ Cell phone: _____

CUB SCOUT DAY CAMP SESSIONS AT WARSAW PARK

	<u>Early Bird Fee Paid by 5/12</u>	<u>2nd wk/</u>	<u>2nd wk or</u>	
	Fee	Brother Fee	Camp Fee	Brother Fee
____ Week #1 Monday, July 12-Friday July 16	\$175	\$155	\$200	\$180
____ Week#2 Monday, July 19-Friday July 23	\$175	\$155	\$200	\$180

____ Non-Scout (6-10 yr old) BSA Registration Fee **\$25.00** and fill out a BSA registration form with Pack 555.

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, 2010

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: Y N Invoice #: _____

Date: _____ Amount Received: _____

Non-scouts will need to fill-out a BSA Youth Application and register with Pack 555.