

# CAMP STRANG REGISTRATION FORM - SCOUT CAMP

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Unit #: \_\_\_\_\_ Unit's Town: \_\_\_\_\_

Parents Signature (Required): \_\_\_\_\_

Parents Email \_\_\_\_\_

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.

## SCOUT RESIDENT CAMP SESSIONS AT CAMP STRANG

Total All Above \$\_\_\_\_\_ AMOUNT PAID \$\_\_\_\_\_

<u>SUMMER CAMP DATES</u>	<u>Regular Fee after April 1st</u>	<u>Early Bird Fee Prior to April 1st</u>	<u>Additional Week / Sibling Discount</u>
_____ Week #1 Sunday, July 11 -Saturday, July 17	\$475	\$425	\$350
_____ Week #2 Sunday, July 18 -Saturday, July 24	\$475	\$425	\$350
_____ Week #3 Sunday, July 25 -Saturday, July 31	\$475	\$425	\$350
_____ Week #4 Sunday, August 1 -Saturday, Aug 7	\$475	\$425	\$350
_____ Week #4 ADVENTURE TO EAGLE	\$475	\$425	
_____ Week #4 HIGH ADVENTURE TREK	\$475	\$425	

## PAYMENT INFORMATION

Payment by (check all that apply) Cash \_\_\_\_\_ or Check \_\_\_\_\_ or Credit Card Payment \_\_\_\_\_

Credit Card Type: MC \_\_\_\_\_ VISA \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_

Print Name of Card Holder: \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Security # on Back \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Remit to: Housatonic Council, BSA, 111 New Haven Ave, Derby, CT 06418

See refund request form for refund policy. ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31