



CAMP SEQUASSEN 2012

Provisional Summer Camp Reservation Form

Please use this form to register as a provisional camper, i.e. attending camp without your unit or adult leadership.

Dear Scout,

You're invited to come to summer camp by yourself. If you accept the invitation, here is what you can expect:

You will be placed in a troop with friendly, caring Scouts and adult leaders. You will attend the merit badge classes you choose from more than 30 available and have plenty of time left for having fun boating, swimming, snorkeling, climbing the tower, archery, shooting rifles, biking, among many other options available during open program. By the time you leave camp you're going to have a bunch of new best friends. On the last day of camp, be sure to stop by the dining hall to pick up your blue cards for the merit badges you earned.

Camp Sequassen, it's where good Scouts belong. See you there!

Name: _____ Rank: _____ Position: _____
 Address: _____ City: _____ State/Zip: _____
 Unit: _____ District: _____ Council: _____
 Phone: _____ E-Mail: _____
 Date of Birth: _____

Please register me as a Provisional Camper as indicated below:

Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____
 *Week 5: _____ *Week 6: _____ *Week 7: _____ (Eagle Week* Yes/No)

I would like brunch tickets _____ Adults @ \$8 each or _____ Children (6-12 yrs) @ \$6 each
 (no charge for children under 5 years of age)

Provisional Camper fee is \$365 if paid in full by 4/15/12 or \$390 after 4/15. Eagle Week requires an additional \$30 for registration. If you are submitting this form with a \$50 non-refundable deposit, the balance is due not later than two weeks prior to the start of the camp week. Upon receipt of your Provisional Camper Reservation Form, you will be sent a registration packet with additional information.

* Eagle Week applicants will be sent a welcome packet with additional information.

Note: Application for the CIT program requires a separate application available at:
www.ctyankee.org/camping/residentcamp/boyscout

Please send application and payment to: Connecticut Yankee Council, BSA
 P.O. Box 32
 Milford, CT 06460-0032

Amount Enclosed: \$ _____ Check No. _____ (payable to Connecticut Yankee Council)

Credit Card Payment: (Visa, MC, AMEX) Card No. _____

Exp. Date: _____ Signature: _____

Fax: 203-876-6884

Questions: 203-876-6868, Ext. 273 or ccruson@bsaemail.org

Acct #6701-073-21