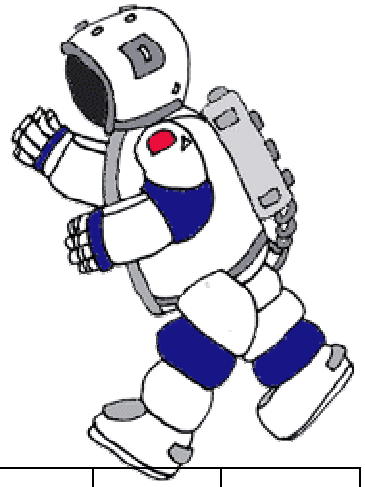
2012 Cub Scout/Webelos Resident Camp Unit Registration Form

Use this form only if two or more Scouts/partnerships from your pack are attending camp



Pack: _____

District: _____ Session: _____

Camp Coordinator: _____ Phone: (H)_____ (W) _____

Address: _____City: _____ Zip: _____

Email Address: _____

Scout's Name	Parent's Name	Parent's Email Address	Payment Amount	Medical Form Attached	Shirt Size Scout/Parent	Campership Form	Photo $10 each	BBQ Tickets $8A/$6Y	Total Enclosed

PLEASE USE REVERSE SIDE FOR ADDITIONAL SCOUTS' & PARENTS' INFORMATION

Scout's Name	Parent's Name	Parent's Email Address	Payment Amount	Medical Form Attached	Shirt Size Scout/Parent	Campership Form	Photo $10 each	BBQ Tickets $8A/$6Y	Total Enclosed

Completed forms and payments can be sent to:

Connecticut Yankee Council, BSA
Attn: Carolyn Cruson, CRC
P.O. Box 32
Milford, CT 06460-0032

FAX: 203-876-6884

Phone: 203-876-6868 ext. 273

Camp Fees:

_____Scouts @ $ _____ = $ _____
_____Scouts @ $ _____ = $ _____
_____2nd Ssn. or Fam. Memb. @ $_____ = $ _____
_____2nd Ssn. or Fam. Memb. @ $_____ = $ _____
_____Scouts without partner @ $ _____ = $ _____
_____Scouts without partner @ $ _____ = $ _____
_____Den Chiefs @ $_____ each = $ _____
_____Additional Adults @ $_____ each = $ _____
_____Photo Orders @ $10 each = $ _____
_____Add'l BBQ Tickets/Adult @ $8 each = $ _____
_____Add'l BBQ Tickets/Child @ $6 each = $ _____

Acct. # 6701-072-21

Total Amount Enclosed: $ _____