CAMP SEQUASSEN 2019 Provisional Summer Camp Reservation Form

Please register online via the Council website. Go to: www.ctyankee.org/scoutsbsacamp or 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			Date of Birth:	Male/Female (circle one)			
Addres	SS:	City:		State/Zip:			
Unit:	District:		Council:				
Phone	:	Scout email:					
Parent	email:						
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 Weel	(* Yes/No)			
*Eagle Week applicants will be sent a welcome email with additional information.							

I would like Saturday 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 \$455 if paid in full by 4/15 or \$470 after 4/15. Eagle Week requires an additional \$40 for registration, Discover Adventure Program requires an additional \$50. Full payment is due not later than three weeks prior to the start of the camp week. Prior to your week at camp, you will be sent a registration email with additional information. Please review the camp flyer available online at www.ctyankee.org/scoutsbsacamp

Note: Application for the CIT program requires a separate application available at the website above.

Please send application ar (minimum of \$50 non-refu required to guarantee spot	ndable deposit	Connecticut Yankee Council, BSA P.O. Box 32 Milford, CT 06460-0032		
Amount Enclosed: \$ Check		(payable to Connecticut Yankee Council)		
Credit Card Payment: (Visa, MC, A	MEX) Card No.			
Exp. Date: cvv	:	Signature:		
Fax: 203-876-6884		Questions: 203-951-0237 or ccruson@bsamail.org		
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