

Burlington County Council Cub Scout Day Camp
2010 Early Pack Registration Form

Pack # _____

Week 1 _____ Week 2 _____ Week 3 _____

Week 4 _____ Week 5 _____ Week 6 _____

This form is to be used for each full week of adult volunteer coverage that the pack secures for day camp. This allows you to register up to 3 boys at a reduced rate. Please feel free to copy this form. Go to www.bccbsa.org or call the Scout Service Center at 609-261-5850 for additional forms. Use a separate form for each week.

Boy's Names

Grade in September 2010

1. _____
2. _____
3. _____

Please check beside the name if the Scout is the son of a full week volunteer. Volunteers who attend for the full week will receive a refund of \$40.00. They will be expected to turn in a staff application and adult medical form with this form. If applicable, Tot Lot and Girls' Group forms must be submitted as well or there will be a late fee.

Adult(s) attending as Volunteer Staff

Name Phone Email Day(s) attending - Please circle
(Circled days must equal 1 full week of coverage to qualify the above Scouts)

- | | | | | | |
|----------|---|---|---|----|---|
| 1. _____ | M | T | W | TH | F |
| 2. _____ | M | T | W | TH | F |
| 3. _____ | M | T | W | TH | F |
| 4. _____ | M | T | W | TH | F |
| 5. _____ | M | T | W | TH | F |

To qualify for the discount, each individual boy's camp application, staff application for each volunteer, youth and adult medical forms, payment of early pack registration for ALL boys and this form must be turned into the Scout Service Center by April 9, 2010.

In accordance with BSA guidelines, each den at camp must have 2-deep leadership.

Pack Day Camp Coordinator

Print Name: _____ **Phone:** _____

Signature: _____ **Date:** _____

Email: _____