

Gulf Ridge Council Cub Scout 5-Day Twilight Camp 2009

Cub Scout Application

Participant's Name: _____ Pack #: _____
 Street Address: _____ City/State: _____ Zipcode: _____
 Home Phone Number: (____) _____ Birth Date: _____ Age: _____ Grade in Fall: _____

Please note: We assign dens according to rank, so please be careful when answering the following:

Rank the Cub's den is currently working toward: Tiger Wolf Bear Webelos 1 Webelos 2
LDS Cubs please email Jeannie Walker at flossiemom1@yahoo.com for assistance.

Parent/Guardian Information:

Name: _____ Relationship: _____
 Daytime Phone Number: (____) _____ Email Address: _____

Registration Fees:

Please check which registration applies:

	Registration postmarked by March 31, 2009	Registration postmarked by May 1, 2009	Late Entry Fee Registration after May 1
Cub Scout	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$90.00
Additional Cub Scout Sibling	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$85.00
Cub with parent on Camp Staff (*Must meet criteria for Staff Parent as shown on the Staff Application)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$65.00	N/A

T-Shirts: Each Cub Scout receives 1 Day Camp Shirt with registration. Additional shirts: **\$7.50** per shirt if ordered by March 31, **\$9.00** per shirt by May 1, or **\$10.00** per shirt after May 1.

_____ Youth Medium _____ Youth Large _____ Adult Small
 _____ Adult Medium _____ Adult Large _____ Adult X-Large
 _____ Adult XX-Large _____ Adult XXX-Large

Payment Information:

Registration: \$ _____
 Add'l Shirts: \$ _____

Medical Information: (No one will be allowed in camp without this form!)

I have attached the required medical form to this registration. **Parent Initial Here:** _____

**Total for
this form: \$ _____**

By checking this box I am allowing, as the parent/guardian, the use of photographs of my child in promoting the Gulf Ridge Council Cub Scout Day Camp/Twilight Camp Experience. (Note: NO names or personal information will be displayed, distributed or published under any circumstances.)

Parent/Guardian Signature _____ Date _____

Make one check for the entire family payable to your pack. LDS participants make checks payable to your Ward and write "Cub Scout Day Camp" on the tithing slip.

Refund policy: \$25.00 non-refundable and requests must be submitted in writing before opening day of camp.

Attach all Individual Application Forms, Medical Forms, and Transportation Forms.

Turn the entire Family Packet in to your Pack Day Camp Coordinator.

<p>Registrar Use ONLY: ___ date received ___ payment received ___ health form rec'd ___ photo rec'd ___ transportation form rec'd ___ completed</p>
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