

Gulf Ridge Council Cub Scout Twilight Camp 2009

SIBLING 5-Night TWILIGHT CAMP APPLICATION
For Children of Staff Parents and Non-staff parents

Participant's Name: _____ Pack/Troop #: _____
Parent's Name and Staff Position _____
Sibling(s) Attending Camp _____
Names and Ages of Other Siblings Attending Tot Lot _____
Street Address: _____ City/State: _____ Zipcode: _____
Home Phone Number: (____) _____ Parent's Cell Phone Number: (____) _____
Birth date: _____ Age: _____ Parent's Email: _____
Are there any special needs that we need to be aware of? _____

This is a 5 day program. We must plan activities and purchase supplies based on 5 day numbers. The fee schedule is the same as for a Cub Scout with a parent on Staff. (\$50.00 by March 31 and \$65.00 by May 1) This will include a T-shirt, patch, and camp cup.

Optional Camp T-Shirts: \$7.50 if ordered by March 31, \$9.00 by May 1, and \$10.00 after May 1.
Youth Medium Youth Large Adult Small Adult Medium

Medical Information: (No one will be allowed in camp without this form!)
I have attached the required medical form to this registration. Initial Here: _____

Payment Information:
Registration: \$ _____
Add'l Shirts: \$ _____
Total for this form: \$ _____

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.

Registrar Use ONLY: _____ date received _____ payment received _____ health form rec'd _____ photo rec'd
_____ transportation form rec'd _____ Y.P. Card _____ completed