



CUB SCOUT REGISTRATION FORM

CUB SCOUT RESIDENT CAMP 2010

IROQUOIS TRAIL COUNCIL – BOY SCOUTS OF AMERICA



Pack # _____

Name _____
Pack # _____

Session Selection (Check One)

_____ Session 1: July 26-30 _____ Session 2: July 30-Aug. 2 _____ Session 3: Aug. 2-5 _____ Session 4: Aug. 6-9

Please Print

Scout's Name: _____ Pack # _____ District _____

Birthdate: _____ Fall of 2009 Grade: (Circle One) 1st 2nd 3rd 4th 5th Rank: _____

Address: _____ City _____ State _____ Zip _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Parent/Adult Partner is attending with Scout (Circle One) Yes No If no; complete the information below:

Parent's Name: _____ Home Phone: _____

Cell/Work Phone: _____ Email: _____

Home Address: _____ City _____ State _____ Zip _____

Work Address: _____ City _____ State _____ Zip _____

If the person listed above is not available in the event of an emergency, the Camp Director should notify:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

PARENT AUTHORIZATION: My child _____ has my permission to attend the Iroquois Trail Council Camp, Camp Sam Wood. I authorize the Boy Scouts of America and Iroquois Trail Council to use my son's images in promotional publications, videos and its website and other Scouting events. I understand that transportation is my responsibility or the responsibility of the Pack Camp Coordinator. I give my permission for my child to be transported home by an adult from our pack. I understand that my child is to arrive at and leave camp with his Pack or me. If my son must arrive at or leave camp at any other time he must be checked in or out in person at the Camp Office. In case of an emergency the Camp Director will only release my son to the following adult that is not camping:

Name: _____ Relationship _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

This registration form must be accompanied by the Annual Health & Medical Record with parent/guardian signature and **physician signature**.

Camp T- Shirt

T-shirts are included in the camp fees for youth only. Please circle the size needed:

Youth sizes: YM YL Adult sizes: S M L XL 2XL



Iroquois Trail Council, Boy Scouts of America, 45 Liberty St. #2, Batavia, NY 14020 585-343-0307
www.itcbsa.org

Place Current Photo of Scout here
Please no larger than this box
Photo must be clear and in color

2010 Fee Structure and Schedule

Session No.	Dates	Early Bird Rate Deposit due 2/24/10 & paid in full by 5/7/10	Regular Discount Rate if Paid in Full by 5/7/10	After 5/7/10
1	Monday, July 26 - Thursday, July 29	\$140	\$150	\$165
2	Friday, July 30 - Monday, August 2	\$160	\$170	\$185
3	Monday, August 2 - Thursday, August 5	\$140	\$150	\$165
4	Friday, August 6 - Monday, August 9	\$160	\$170	\$185
	Returning for a 2 nd session	\$115	\$120	\$140
	Den Chiefs	\$115	\$120	\$140
	Individual Campers	\$165	\$175	\$185