

2017 Cub Scout Day Camp

ADULT

Camp Attending**(check one):**

- Zane Trace
- Forest Trails
- Knox Twilight
- Coshocton

“Mission To Space”
 Muskingum Valley Council Day Camp
Adult Registration Form

Pack# _____

Cub Scout Associated With:

Name: _____

Street Address _____ City, _____ State _____ Zip _____

Phone # _____ e-mail _____

Leadership Position in Pack (Circle One):

Tiger Leader _____ Den Leader or Assistant _____ Webelos Leader or Assistant _____

Committee Member _____ Cubmaster or Assistant _____ Walker/Parent _____

This is my _____ year attending day camp. I will be in attendance on the following days:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

T-Shirts are not included with adult registration. They may be purchased for an additional charge.

\$10.00 each # _____ Small # _____ Medium # _____ Large # _____ X-Large

\$12.00 each for # _____ XX-Large # _____ XXX-Large # _____ XXXX-Large

_____ T-shirts @10.00 each = _____

_____ T-shirts @12.00 each = _____

TOTAL FEES: = _____

ADULT FORM

RETURN THIS FORM and parts A and B of the Annual BSA Health and Medical Record TO YOUR PACK'S DAY CAMP COORDINATOR. ALL APPLICATIONS MUST BE TURNED IN TOGETHER.

For Office use only: Date Received: _____ Amount Paid: \$ _____