

2017 Cub Scout Day Camp SCOUT

Camp Attending:(check one)

- Forest Trails
- Zane Trace
- Knox Twilight
- Coshocton County Day Camp

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

Fees: \$60 if paid by deadline; \$75 after deadline

Pack# _____

Name: _____ Age _____

Street Address _____ City, _____ State _____ Zip _____

E-mail address: _____
(Used to send additional information regarding camp)

**PLEASE
ATTACH PHOTO
OF YOUR
CHILD HERE**

Please circle the rank you will be working on this fall:

Tiger Wolf Bear Webelos I Webelos II

This is my _____ year attending day camp. BSA Member ID#: _____ (off membership card)

Scouts get one free shirt; Extra shirts may be purchased for \$10 each

Youth sizes – # _____ Youth Medium (10-12) # _____ Youth Large (14-16)

Adult sizes – # _____ Small # _____ Medium # _____ Large # _____ X-Large

Attached is \$ _____ for # _____ additional T-shirts

Parent or Guardian: _____

Daytime/Cell phone: _____

Other than Parent/Guardian, the following are permitted to pick up my son from Day Camp:

TOTAL FEES : _____

CUB SCOUT 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: \$ _____

Revision Date: 3/9/17