

2017 Cub Scout Day Camp

SIBLING

Camp Attending:(check one)

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

“Mission To Space”
 Muskingum Valley Council Day Camp
Sibling Registration Form
 Fee: \$10 per day attending

**PLEASE
 ATTACH PHOTO
 OF YOUR
 CHILD HERE**

Pack # _____

**If registered after deadline, T-shirts or crafts are
 NOT guaranteed**

Name: _____ Age _____

_____ Street Address _____ City, _____ State _____ Zip

Accompanying Parent or Guardian: _____

Daytime/Cell phone: _____ I am a guest of the following Scout: _____

PARENT/GUARDIAN MUST BE IN ATTENDANCE with tag-a-long.

Guardianship may not be transferred to another adult or to BSA leadership.

T-Shirt not included with Tag-a-long registration

T-Shirts may be purchased for a SIBLING for an additional fee of \$10.00

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

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

_____ T-shirts @ \$10.00 each = _____

_____ Days Attending @ 10.00 Per Day = _____

TOTAL FEES: = _____

SIBLING 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: \$ _____