



CUB SCOUT REGISTRATION FORM ORION DISTRICT DAY CAMP

June 22-25, 2010 2:00pm– 8:00pm

PLEASE PRINT ALL INFORMATION – REGISTRATION IS LIMITED TO 200 CUB SCOUTS

For office use only

A _____

C _____

H

SCOUT INFORMATION

Name: _____ Date of Birth: _____ Age (as of 06/22/10): _____

Address: _____ City: _____ Zip: _____

Pack #: _____

Cub Scout Level For **2010-2011** School Year: *(check one)*

Wolf (currently Tiger)

Bear (currently Wolf)

PARENTS/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____ Home Phone: _____

Email Address: _____ Day/Cell Phone: _____

Persons Authorized To Pick Up Your Child: (in addition to parents or guardians listed above)

Name	Relation	Phone

TEE SHIRT SIZE *(check one)* –

Youth Medium (10-12)

Youth Large (14-16)

Adult Small

Adult Medium

FEES

\$45.00 Camp Fees (1 T-shirt included)

\$ _____ (Qty _____) additional T-shirts at \$5.00 each (optional)

\$ _____ TOTAL FEES – Payable to your Pack. Packs combine into one check (payable to S.H.A.C. Acct. 1-6801-546-20)

Signature of parent/guardian

Date

Turn in the following to your Pack's Camp Representative:

- This completed form
- Youth 2010 BSA Health History
- Fees

Pack Representatives must submit these by April 1, 2010
Refunds are at the discretion of the Camp Director

If you have any questions, please contact your Pack Representative or...

Day Camp Director Natalie West, 936-931-9517
 daycamp@oriondistrict.org

Day Camp Co-director Rene Halbardier, 281-468-2572
 halbardier@hotmail.com

Registrar Cheryl Strain 281-379-3833
 cherylstrain@hotmail.com

Web site <http://www.oriondistrict.org/>