



CAMP WALKER REGISTRATION FORM
ORION DISTRICT DAY CAMP
June 22-25, 2010
(PLEASE PRINT ALL INFORMATION)

For office use only
A _____
C _____
H <input type="checkbox"/> S <input type="checkbox"/> Y <input type="checkbox"/>

LEADER INFORMATION

Name: _____ Date of Birth: _____ Pack #: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Day Phone: _____ Email: _____

LEADER COMMITMENT

I want to be a leader in the Den that the following Scout(s) is in: _____
 He/They will be at this Cub Scout level for the **2010-2011** School Year: *(check one)*
 Wolf (currently Tiger) Bear (currently Wolf) Webelos I (currently Bear) Webelos II (was Webelos I)
 I will be there during camp hours the following days: *(check as many as apply)*
 Tuesday (June 22) Wednesday (June 23) Thursday (June 24) Friday (June 25)

REQUIREMENTS

Registered BSA Scouter (will be verified against District records)
 Youth Protection Training completed since 6/26/2008 (please attach copy of YPT card or online confirmation)
 OR
 I will take Youth Protection Training online or at a training course before camp start
 I will complete 2010 Camp Leader Training (Date TBD) before camp starts
 I have read and agreed to the job description of a Camp Walker
 If you have any other certifications (First Aid, CPR, BSA Range, etc.), please attach a copy

TEE SHIRT SIZE *(check one)* –

Small (34-36) Medium (38-40) Large (42-44) XL (46-48) 2XL (50-52) 3XL (54-56)

FEES

\$10.00 Den Leader Fees (1 T-shirt included) *Note that these fees do not include craft kits, etc.*
 \$ _____ (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)

By submitting this application you are authorizing a criminal background check of yourself. This check will be made from public record sources. You will have an opportunity to review and challenge any adverse information disclosed by the check.

Signature _____ Date _____

Turn in the following to your Pack's Camp Representative: <input type="checkbox"/> This completed form <input type="checkbox"/> Adult 2010 BSA Health History <input type="checkbox"/> Copy of YPT Card or online confirmation <input type="checkbox"/> Copies of your Certifications <input type="checkbox"/> 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 Website: http://www.oriondistrict.org/
---	--