

RESIDENT CAMP REGISTRATION FORM

(PLEASE fill out form completely)

Scout Name: _____ Telephone: _____

Address: _____ City: _____

Pack #: _____ Grade (fall of 2012): _____ Rank: _____

Adult Attending: _____ Relationship: _____
(Scout must have an adult or leader attending)

Dates:

Will be attending Session 1: _____ June 17-21 _____ Bringing Own Tent

Will be attending Session 2: _____ June 24-28

Will be attending Session 3: _____ July 1-5

Will be attending Session 4: _____ July 8-12 _____ Using Camp Tent

Early Bird Fee (if paid by May 11, 2012)

Scout \$180: _____

Brother \$170: _____

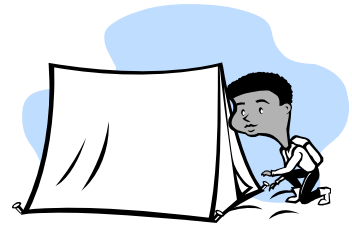
Adult \$70: _____

Standard Fee (if paid after May 11, 2012)

Scout \$190: _____

Brother \$180: _____

Adult \$80: _____



Total Amount Owed: \$ _____

Each paid participant receives one t-shirt. Please mark quantity of each size shirt needed.

_____ YM	_____ AM	_____ 2XL
_____ YL	_____ AL	_____ 3XL
_____ AS	_____ AXL	

(If adult other than parent is attending event with Scout, please list a name and telephone number where the parent or guardian may be reached in case of an emergency): _____

Signature of parent or guardian: _____ Date: _____
(this must be signed in order for child to attend camp)

Make checks payable to BSA and mail to: Heart of Ohio Council, P.O. Box 368, Ashland, OH 44805.

SPECIAL PHYSICAL DISABILITIES: Adults and Cub Scouts with special physical disabilities may be accommodated in most circumstances. Please attach a request for special transportation needs **in writing** to your registration form.