

Pack _____
District _____
School _____

Webelos I Overnight Camp

\$45.00 per scout

\$15.00 per adult



Friday, July 11th – Sunday, July 13th

Check-in: Friday @ 5:30pm

Check-out: Sunday @ 9:00am

Scout Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternate phone: _____

Name of Adult Partner: _____ Relationship: _____

Address (if different): _____

**Fee includes: 5 meals, t-shirt, patch, water bottle, and program supplies.
Open only to boys entering the 4th grade in Fall 2008.**

What to bring: Tent, sleeping bag, pillow, personal items, mess kit, extra clothes, flashlight, swimwear, towel, sunscreen, money for trading post.

Every Scout must have an adult partner registered above.

MEDICAL HISTORY AND RESTRICTIONS

Circle any that apply, with specifics and/or restrictions

ADD	ADHD	Asthma
Cancer	Convulsions	Diabetes
Heart Disease	Hemophilia	High Blood Pressure
Leukemia	Sting Reactions	<u>Other:</u>

Allergies – Please List:

In case of emergency, please notify

Parent/Guardian: _____

Daytime Phone: _____

Other Parent/Guardian: _____

Daytime Phone: _____

Insurance Information

Health Insurance Co. _____ Group # _____

Policy Number/ID _____

Physician Name _____ Phone _____

Webelos I Overnight \$60/scout \$ _____
July 11-13 & one adult

Additional Adults \$15/add'l adult \$ _____

TOTAL ENCLOSED: \$ _____

Check # _____

Visa/MC# _____ Exp.date _____

Name on card _____

Parent/Guardian Authorization & Talent Release:

I acknowledge that this form has been completed accurately to the best of my knowledge. I authorize the use of any photographs taken of my child for future marketing or promotional materials used by the Erie Shores Council, BSA.

Parent/Guardian Signature _____

Date _____