

Pack \_\_\_\_\_  
 District \_\_\_\_\_  
 School \_\_\_\_\_

# Tiger Twilight Registration

Cost: \$45 per tiger cub  
 Plus one Adult per session  
 Additional Adults: \$6 for Thursday dinner



Tuesday – Wednesday – Thursday

5:30pm – 8:30pm each evening

Check-in begins at 5:00pm each day  
 Thursday program follows "Family Night" schedule

Program promptly begins at 5:30pm  
 \*Fees include Thursday night dinner costs

Session 1: June 24<sup>th</sup>, 25<sup>th</sup>, 26<sup>th</sup> \_\_\_\_\_

Session 2: July 15<sup>th</sup>, 16<sup>th</sup>, 17<sup>th</sup> \_\_\_\_\_

Name of Tiger: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Name of Adult Partner: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_

**Fee includes: Patch, t-shirt for tiger cub, Thursday dinner, snacks, and program supplies.  
 Open only to boys entering 1<sup>st</sup> grade in Fall 2008. Please complete health form for each participant.**

**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: \_\_\_\_\_

Tiger Twilight I June 24-26	\$45/scout & one adult	\$ _____
Tiger Twilight II July 15-17	\$45/scout & one adult	\$ _____
Adult Dinners June 26 OR July 17	\$6/add'l adult	\$ _____

**TOTAL ENCLOSED: \$ \_\_\_\_\_**

Check # \_\_\_\_\_

Visa/MC# \_\_\_\_\_ Exp.date \_\_\_\_\_

Name on card \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_