



Western Massachusetts Council, Inc., BSA 2010 CUB SCOUT DAY CAMP REGISTRATION FORM



Name _____ Age (as of July 1, 2010) _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____ Phone _____

Email Address _____ Parent/Guardian (print) _____

Pack # _____ Den #/Name _____ This will be my Cub Scout's _____ year at camp.

I am registering for the following session(s):

- Session 1: July 5 – 9, at Swift River Sportsmen's Club, Belchertown
- Session 2: July 12 – 16, at Knights of Columbus Council #160, Springfield
- Session 3: July 19 – 23, at St. Mark School, Pittsfield
- Session 4: July 26 – 30, at Moses Scout Reservation, Russell



In **SEPTEMBER 2010**, MY Cub Scout will be a:

Tiger (Grade 1) Wolf (Grade 2) Bear (Grade 3) Webelos I (Grade 4) Webelos II (Grade 5)

DEN PLACEMENT REQUEST: If possible, please place my Cub Scout in the same den with these Cubs and/or Cub Scouts from these dens or packs. I understand that the camp will place Cubs in dens based first on rank, then by home pack and, if possible, by home den, and that changes will not be possible once Cubs are assigned dens.

T-SHIRT SIZE: Please be mindful when placing orders, as order adjustments may not be possible.

Adult small Adult medium Adult large

PARENT VOLUNTEERS: Parents are encouraged to spend at least one day of the camp week assisting us by leading a den. A FREE siblings program is available for volunteering parents. Those volunteering for the entire week will receive a special camp T-shirt! Please note that all incoming Tiger Cubs must have an adult partner accompany them during the week.

Please circle the day(s) you will be able to volunteer:

Session 1: M T W Th F

Session 3: M T W Th F

Session 3: M T W Th F

Session 4: M T W Th F

I am volunteering for the **ENTIRE** week. My adult shirt size is: S M L XL XXL

KIDTOWN is a free sibling program that is available to all parents who volunteer for the day. Please circle the day(s) you plan to utilize KidTown:

Session 1: M T W Th F

Session 3: M T W Th F

Session 3: M T W Th F

Session 4: M T W Th F

Name(s) of children coming to KidTown:

_____ Age _____ _____ Age _____

PAYMENT:

Registration fee: \$160.00 per session if paid in full by June 1	\$ _____
\$170.00 per session if paid after June 1	\$ _____
\$25 Camp Trading Post Card (purchased by June 15, 2010): \$20.00	\$ _____
Extra camp T-shirt: \$10/shirt @ _____ shirts (size _____)	\$ _____
TOTAL:	\$ _____

Please make all checks and money orders payable to Western Massachusetts Council, Boy Scouts of America.

Credit card payment: VISA MasterCard American Express Card Number _____

Expiration date: ____/____/____ Signature: _____

MEDICAL FORM: Please attach a completed copy of the Annual Health and Medical Record, parts A and C, and a copy of your insurance card, front and back.

PARENT/GUARIAN SIGNATURE: _____ **DATE:** _____