

2009 Cub Scout Day Camp Registration Form

Check the location and week you want to attend. **If you are sending your son to more than 1 week, please submit a second registration form.**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Mercer County Park, East 1
July 6-10, 2009 - 9-3:30 | <input type="checkbox"/> Mercer County Park, East 2
July 13-17, 2009 - 9-3:30 | <input type="checkbox"/> Rosedale Park
July 20-24, 2009 - 9-3:30 | <input type="checkbox"/> Yards Creek Scout Reservation
July 20-24, 2009 - 8:30-4 |
| <input type="checkbox"/> Round Valley Youth Ctr 1
July 13-17, 2009 - 9-3:30 | | <input type="checkbox"/> Johnson Park
July 20-24, 2009 - 9-3:30 | <input type="checkbox"/> Merrill Park
August 10-14, 2009 - 9-3:30 |

Please print neatly

Cub's name _____ Pack # _____ District _____

Name of second Cub Scout attending from same family _____

Please submit a second registration form.

Street _____ Scout's grade in September? _____

City _____ State _____ Zip _____

Adult's name _____ Relationship, if other than parent _____

Home phone _____ Work phone _____

E-mail address _____ Cell Phone _____

(please print clearly)

Emergency contact's name _____ Phone _____

(other than adult listed above)

Camper T-Shirt Information

Each Scout camper will receive one free camp t-shirt on the first day of camp. This is their uniform for the entire week. Additional t-shirts are available to order prior to camp at a cost of \$10 each. The youth t-shirts run small, so please order accordingly. Please indicate the size and quantity below.

Youth Sizes: ___ S(6-8) ___ M(10-12) ___ L(14-16) Adult Sizes: ___ S ___ M ___ L

Payment: ___ \$150 per Scout if paid in full by May 15th *(waived if adult volunteers as day camp staff - 1 Scout per volunteer)*
 ___ \$175 per Scout if payment is made after May 15th *(waived if adult volunteers as day camp staff - 1 Scout per volunteer)*
 ___ Additional shirts @ \$10 per shirt *(Did you remember to supply the size? Each camper receives 1 free shirt.)*
 ___ Total payment is enclosed in the amount of \$_____.

Send payment to: Central New Jersey Council, BSA
 Cub Scout Day Camp
 2245 US Highway 130, Suite 106
 Dayton, NJ 08810

**Make checks payable to:
 Central New Jersey Council, BSA**

Payment method: ___ Check enclosed payable to CNJC ___ Visa ___ Master card ___ Discover ___ Am. Express

Card number _____ Expiration date _____

Name on card _____ Signature _____

Day Camp Refund Policy: The first \$25.00 of any fee paid is non-refundable. Full payments are transferable to other Scouts (with a note from the parents/guardians transferring the fee) until June 15th. The balance of the fee is refundable for the following reasons: illness requiring medical attention, summer school, or family emergency. Refund requests must be in writing and include proof. Send to the Central New Jersey Council, attention: Office Manager, no later than August 31st.

Day Camp Staff Volunteer? ___ I need more information. ___ No ___ Yes, I have included my volunteer application and day camp medical form.

