

# 2010 Cub/Parent Weekend Camp Registration Form

## Yards Creek Scout Reservation 123 Walnut Valley Road Blairstown, NJ

Please select one:

Session 1: \_\_\_\_\_ August 14-15, 2010

Session 2: \_\_\_\_\_ August 21-22, 2010

\$80 includes Cub & Parent / \$40 for each additional Scout or parent. Sign up early! Each session is limited to 100 Scouts. Registration will be accepted on a first-come, first-served basis for each session. Check-in starts on Saturday at 9AM/check-out is on Sunday at 10AM. Parts A & C of the BSA Health form must be presented at check-in.

*Please Print Neatly - Please fill out one form for each Scout registering for camp.*

Scout's Name \_\_\_\_\_ Pack # \_\_\_\_\_ District \_\_\_\_\_

Parent's Name \_\_\_\_\_ E-mail \_\_\_\_\_  
*(Please print clearly – primary form of communication.)*

Street \_\_\_\_\_ Scout's Grade in September \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Relationship, if other than parent \_\_\_\_\_

\_\_\_\_\_ I have multiple Scouts attending camp. I have submitted individual forms for each Scout.

**Refund Policy:** There is no refund available for the Cub/Parent Weekend program.

**Returned Check Policy:** It is the policy of this Council to assess a penalty in the amount of \$25 for insufficient funds when a check is returned to the Council. See [www.cnjcsouting.org](http://www.cnjcsouting.org) for complete policy.

*CNJC places Scouts from the same Pack in the same campsites and dens as much as possible.*

Emergency Contact Person \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**By signing this application I acknowledge that I agree with the procedures and policies of the Central New Jersey Council, BSA, including but not limited to the health services and refund policy. I also, hereby consent to the use of my son's voice and/or photographic image in any news coverage, movie making, or similar projects as approved by the Central New Jersey Council.**

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Submit payment and registration form to: \$ \_\_\_\_\_ Enclosed

Central New Jersey Council  
Attn: 2010 Cub/Parent Weekend  
2245 US Highway 130, Suite 106  
Dayton, NJ 08810-2420

\_\_\_\_ check  
\_\_\_\_ VISA  
\_\_\_\_ MasterCard  
\_\_\_\_ Discover  
\_\_\_\_ American Express

\_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

TRUSTWORTHY | LOYAL | HELPFUL | FRIENDLY | COURTEOUS | KIND | OBEDIENT | CHEERFUL | THRIFTY | BRAVE | CLEAN | REVERENT

# words to live by