

Day Camp 2010

Please fill out one form per Registered Scout or Sibling Tag-a-long
This Form Is To Be Completed By The Parent/Gaurdian - Please Print Your Information

Space



Camp

This Registration Form MUST be accompanied by a completed Health Form for each Scout and walker

Name: _____
Address: _____
City/State/Zip: _____
Email: _____

Pack #: _____
Please circle Shirt Size: *
Yth: Sm Med Lrg
Adult: Sm Med Lrg
XL 2XL 3XL

Check here if you are a Tag-a-long

*A Tag-a-long is any male or female **SIBLING** at least 5 yrs old and would like to fully participate in the program. A Parent or Guardian must be in attendance and accompany the tag-a-long at all times. Cost is the same \$45.00*

(Each Pack is required to provide one adult walker for every 5 campers/tag-a-longs)

Name of Parent/Guardian Walker: _____ Cell: _____

Please mark the days in which you will be a walker:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ All

(Each pack is also required to provide one adult staff member to help run a program station)

Name of Staff Member: _____ Cell: _____

Please mark the days in which you will serve on staff:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ All

Total Fee is \$45.00 A \$20.00 Non-refundable deposit is required to reserve you slot

****Payment in full must be received by 5:00 pm on MAY 15, 2010****

A \$10.00 LATE FEE will be applied for all registrations and payments received after the May 15th deadline.

Please select the week you would like to attend:

- | | | |
|---|------------|--------|
| <input type="checkbox"/> Day Camp 1 - Camp Kiwanis, Mason MI | June 14-17 | 900065 |
| <input type="checkbox"/> Day Camp 2 - Holiday Haven Camp, Wacousta MI | July 12-15 | 900070 |
| <input type="checkbox"/> Day Camp 3 - Fitzgerald Park, Grand Ledge MI | July 19-22 | 900071 |
| <input type="checkbox"/> Day Camp 4 - Camp Kiwanis, Mason MI | Aug 9-12 | 900072 |
| <input type="checkbox"/> Check here if you intend to pay for Camp via the 2010 Spring Popcorn Sales Program | | |

Total Fee \$45.00

Amount Paid: _____

Amount Due: _____

Receipt # (s) : _____

I hereby give permission to Chief Okemos Council and their agents to use the image of the child listed above for the promotion of Scouting. My signature below represents my consent as the parent/guardian of this child to this release agreement. I further give permission for my child to participate in all activities of the camp for which he is registered.

Parent/Guardian Signature: _____ Email: _____ Cell: _____

If no shirt size is selected - a Yth Med. will be given. NO EXCHANGES

Registration must be received by MAY 15th to receive a shirt