

PACK	WEEK	CAMP	SITE

PLEASE PRINT CLEARLY OR TYPE

THIS FORM MUST BE ACCOMPANIED BY A PACK REGISTRATION FORM

2 COPIES NEEDED AT CHECK-IN

	ADULT LEADERS (OVER 18) NAME	EMAIL ADDRESS	CONTACT PHONE NUMBER	DATE OF BIRTH	AMOUNT DUE	AMOUNT PAID
IN CHARGE						
2						
3						
4						

	SCOUTS (UNDER 18 YRS OF AGE) NAME	HOME PHONE NUMBER	AGE	RANK	HOME UNIT	AMOUNT DUE	DISCOUNT	CAMPERSHIP	PAYMENT	BALANCE DUE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
	<b>TOTAL(LAST PAGE ONLY)</b>									

PLEASE COMPLETE A DIFFERENT FORM FOR EACH SESSION - USE ADDITIONAL SHEETS AS NEEDED  
INCOMPLETE FORMS WILL NOT BE PROCESSED!

THIS FORM MUST BE ACCOMPANIED BY THE PACK SUMMER CAMP REGISTRATION FORM

UNIT LEADER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PAGE \_\_\_\_\_ of \_\_\_\_\_