

TROOP	WEEK	CAMP	SITE

PLEASE PRINT CLEARLY OR TYPE

THIS FORM MUST BE ACCOMPANIED BY A TROOP REGISTRATION FORM

2 COPIES NEEDED AT CHECK-IN

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

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

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 TROOP SUMMER CAMP REGISTRATION FORM

UNIT LEADER SIGNATURE _____

DATE _____

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