

CAMP STRANG REGISTRATION FORM

Name: _____ Age: _____ Birth date: ____/____/____
 Address: _____ Town: _____ State: ____ Zip: _____
 Phone: _____ Unit #: _____ Unit's Town: _____
 School Name: _____ Town _____
 Parents Signature (Required): _____

CHECK THE APPROPRIATE WEEK(S) YOU WILL ATTEND AND CIRCLE THE FEE AMOUNT(S) PER YOUR PAYMENT DATE.

Camp fee includes a \$25.00 non-refundable deposit.

BOY SCOUT RESIDENT CAMP SESSIONS AT CAMP STRANG

	Early Bird Fee		Fee	
	Paid in Full by 5/15/14		Paid after 5/15/14	
	<u>One Week</u>	<u>Each Additional Week or Brother</u>	<u>One Week</u>	<u>Each Additional Wk or Brother</u>
____ Week #1 Sunday, July 6 -Saturday, July 12	\$360.00	\$340.00	\$385.00	\$365.00
____ Week #2 Sunday, July 13-Saturday, July 19	\$360.00	\$340.00	\$385.00	\$365.00
____ Week #3 Sunday, July 20 -Saturday, July 26	\$360.00	\$340.00	\$385.00	\$365.00
____ Week #4 Sunday, July 27 -Saturday, Aug 2	\$360.00	\$340.00	\$385.00	\$365.00

CUB/ WEBELOS RESIDENT CAMP SESSION AT CAMP STRANG

	Early Bird Fee	Fee
	<u>Paid in Full by 5/15/14</u>	<u>Paid after 5/15/14</u>
____ Cub Resident Sun Aug 3 — Wed Aug 6	\$195	\$220
____ Webelos Half session Sun Aug 3 — Wed Aug 6	\$195	\$220
____ Webelos full program Sun Aug 3 — Fri Aug 8	\$325	\$350

Name of Leader Attending Camp with Scout: _____

Total Number of Weeks: _____ Total Payment Amount: _____

Payment by Cash or Check

Amount Enclosed: \$ _____

Date: _____ Check #: _____

Remit to: Housatonic Council, BSA

111 New Haven Ave

Derby, CT 06418

Credit Card Payment

Credit Type: (circle one) MC VISA

Name of Card Holder: _____

Account Number: _____

Expiration Date: _____

Signature: _____

**There is no credit given for missed days. See refund request form for refund policy.
 ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31**

For Office Use Only:

Invoice #: _____

Date: _____ Amount Received: _____