Cub Scout Day Camp



REGISTRATION FORM

Cam	per Name:				Birth date:		
Phor	ne: Ce	ll Phone:					
Address:							
T-Shi	rt Size: YM YL	YXL					
Pack	#: Current Grade a	nd Rank:					
	nts Signature						
The f	CUB SCOUT DAY CAMP SESS following prices are the rates for one as (s) you will attend and circle the fee a CAMP SESSION	nd two-w	veek sessi	ons at Can	np Cedarcre	st. Check the appropriate EARLY BIRD	
Y	CAMP SESSION	RATE	RATE	RATE	BIRD		
	WEEK #1: Monday, July 14- Friday, July 18	\$240	\$220	-\$20	-\$25	DISCOUNT SAVE \$25!	
	WEEK #2: Monday, July 21- Friday, July 25	\$240	\$220	-\$20	-\$25	When you pay	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NON-SCOUT: (6-10 yr. old) Fill out a BSA registration form with Pack 555. Additional \$25 FEE	\$255	\$220	N/A	-\$25	by May 15th.	
	Number of Weeks:	To	tal Payme	ent Amoun	t:		
THER Refun	REFUND POLICY SE IS NO REFUND FOR MISSED DAYS. E ds for the balance are made only for the follo Serious illness or accident Death in the family Your son attend summer school, which wil Your son moves from the Housatonic Cour EFUND REQUEST MUST BE MADE IN WRITING	wing: I conflict wi icil jurisdict	ith the cam ion prior to	p schedule camp startir	ng		
F F	PAYMENT						
Payn	nent by Cash or Check	Credit Card Payment					
Amo	unt Enclosed: \$	Cred	dit Type: (check one) □ MC	□ VISA	
Date: Check #:			Name of Card Holder:				
Remi	t to: Housatonic Council, BSA						
	111 New Haven Avenue			te:			
	Darby CT 06/18	Sign	aturo.				

For Office Use Only: Medical and Medication Form attached: Y N Invoice #: _____