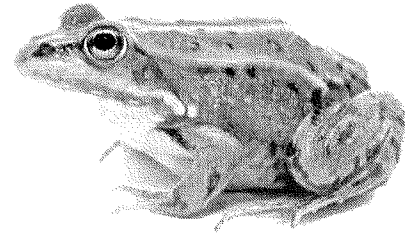


Resident Camp



➔ REGISTRATION FORM

Name: _____ Age: _____ Birth date: ____/____/____

Address: _____ Town: _____ State: ____ Zip: _____

Phone: _____ Unit #: _____ Unit's Town: _____

School Name: _____ Town: _____

Rank as of September 2014: Wolf Bear Webelos I Webelos 2

Name of Leader Attending Camp with Scout: _____

Parents Signature (Required): _____

■ CUB SCOUT and WEBELOS RESIDENT CAMP AT CAMP STRANG

The following prices are the rates for one and half-week sessions at Camp Strang. Check the appropriate week(s) you will attend and circle the fee amount(s) per your payment date. Camp rate includes a \$25 non-refundable deposit.

✓	CAMP SESSION	CAMP RATE	EARLY BIRD
	CUB RESIDENT: Sunday, August 3- Wednesday, August 6	\$220	\$195
	ACCOMPANYING ADULT: NAME: _____	FREE	FREE
	WEBELOS HALF SESSION: Sunday, August 3- Wednesday, August 6	220	\$195
	WEBELOS FULL SESSION: Sunday, August 3- Friday, August 8	\$350	\$325



Total Payment Amount: _____

■ PAYMENT

Payment by Cash or Check

Amount Enclosed: \$ _____

Date: _____ Check #: _____

Remit to: Housatonic Council, BSA
111 New Haven Avenue
Derby, CT 06418

Credit Card Payment

Credit Type: (check 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: Medical and Medication Form attached: Y N

Invoice #: _____