



2011 CUB SCOUT DAY CAMP YOUTH REGISTRATION

Name: _____ Pack: _____

Address: _____

Phone: _____ Grade as of September 2011: _____

Please check: Registered Scout **\$50** Sibling (Ages 6-10) **\$20**

Email: _____

JULY 28, 29 8:30 a.m.-4:30 p.m. - FAMILY DAY, Saturday, July 30, 8:30 a.m.-5:30 p.m.

I AGREE TO PERMIT MY CHILD TO PARTICIPATE IN THE TRI-FIRES DISTRICT DAY CAMP PROGRAM. WE AGREE TO FOLLOW ALL DISTRICT AND COUNCIL POLICIES AND RULES.

Parent's Signature: _____ Date: _____

Parental signatures must be on all forms. Please return all registration forms, fees, and health forms to your pack coordinator in time so that they can be submitted before the deadline of July 1st .

Please check T-shirt size: YS _____ YM _____ YL _____ AS _____ AM _____ AL _____