

**YOUTH REGISTRATION
 WOLVES, BEARS, & WEBELOS**

Pack _____
 Den _____
 Age _____

SCOUT'S LAST NAME _____ SCOUT'S FIRST NAME _____

PARENTS' EMAIL _____

MOTHER'S LAST NAME _____ MOTHER'S FIRST NAME _____

HOME PHONE # _____ CELL PHONE # _____ WORK PHONE # _____

FATHER'S LAST NAME _____ FATHER'S FIRST NAME _____

HOME PHONE # _____ CELL PHONE # _____ WORK PHONE # _____

PLEASE CIRCLE RANKS: (SCOUTS WILL BE PLACED BASED ON NEXT YEAR'S RANK)

RANK 2008 -2009 SCHOOL YEAR: TIGER WOLF BEAR WEBELOS I

RANK 2009 -2010 SCHOOL YEAR (THIS WILL BE HIS RANK AT DAYCAMP):

WOLF BEAR WEBELOS I WEBELOS II

PLEASE CIRCLE WHICH SESSION(S) YOUR CHILD WOULD LIKE TO ATTEND
PLEASE NOTE THAT YOU HAVE THE OPTIN OF SENDING YOUR CHILD FOR BOTH WEEKS

WEEK # 1 - JUNE 1 - 5 WEEK # 2 - JUNE 8 - 12 BOTH WEEKS

REGISTRATION FEE (BY MARCH 19, 2009) \$80 PER WEEK = _____
 PLEASE CHECK WITH YOUR PACK DAYCAMP CHAIRPERSON FOR PACK REGSITRATION DEADLINE

LATE REGISTRATION FEE (MARCH 20 - APRIL 9, 2009) ADD \$10 PER WEEK = _____
WE WILL NOT ACCEPT REGISTRATIONS AFTER APRIL 9, 2009

PLEASE CIRCLE SCOUT'S T-SHIRT SIZE: (ONE (1) SHIRT INCLUDED PER REGISTRATION FEE)

Y-S (6-8) Y-M (10-12) Y-L (12-14) ADULT-M ADULT-L ADULT-XL

EXTRA SHIRTS AVAILABLE FOR \$10 EACH # EXTRA SHIRTS _____ X \$ 10 = _____

MAKE CHECKS PAYABLE TO YOUR PACK. TOTAL DUE = _____
 TURN IN FORMS AND MONEY TO YOUR CUBMASTER DATE PAID _____
 OR DAY CAMP COORDINATOR.

- REFUND POLICY:**
1. Written refund request will be considered only if received in the Pennington Scout Center ten (10) days prior to the beginning of camp.
 2. Written refund requests submitted after the event will be considered only for personal illness of family emergencies.
 3. No refund request will be accepted after ten (10) days after the close of camp.
 4. A service charge of 25% of the full activity fee will be assessed on all refunds.
 5. Refund checks will be issued within 30 days following the close of camp.
 6. Fees are transferable within the same unit to a Scout not currently registered for the event.

- REGISTRATION WILL NOT BE COMPLETE WITHOUT:**
- ___ COMPLETED REGISTRATION FORM
 - ___ MEDICAL FORM
 - ___ EMERGENCY CONTACTS
 - ___ PAYMENT

QUESTIONS? Email: johannahowell1995@yahoo.com