

Soaring Eagle Day Camp -2010

Cub Scout Registration Form (PLEASE PRINT)

PACK: _____ School Name: _____

Name: As appears on BSA registration

First Name Middle Initial Last Name Nickname (optional)

Address: _____
City State Zip

Date of Birth: _____ Age as of June 8: _____ Grade in Fall 2010: _____
(mm/dd/yyyy)

Cub Scout Rank for FALL (NEXT SCHOOL YEAR):

Select rank: Tiger(1st) Wolf(2nd) Bear(3rd) Webelos I(4th) Webelos II(5th)

Parent/Guardian: _____
First Name MI Last name

Address: _____
City State Zip

Phone: _____
Primary Alternate 2nd Alternate

E-mail address that is checked regularly: _____ @ _____
(all correspondence done via e-mail)

Emergency Contact #1:

First Name MI Last name Relationship to Scout
Phone: _____
Primary Phone2(Opt.) Phone3(Opt.)

Emergency Contact #2:

First Name MI Last name Relationship to Scout
Phone: _____
Primary Phone2(Opt.) Phone3(Opt.)

Authorized Pickup (other than Parent/Guardian)

Pickup #1 _____
First Name MI Last name Phone #

Pickup #2 _____
First Name MI Last name Phone #

Pickup Restrictions: _____

Camp Session Preferences: Morning-June 8-11 (8:00am-1:30 pm) ~Or~ Evening-June 8-11 (3:00pm-8:30 pm)

T-Shirt Size T-Shirt Size (This will be your Cub's camp uniform). Each Boy is given 1 shirt. Youth shirts run small.

- Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
 Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44)
 Adult XL (46-48) Adult XXL (48-50) Adult XXXL (50-52)

If parent/guardian is volunteering for camp, please give name: _____
First Last

Camp Fee is \$60.00 + Late fee \$15 after April 13, 2010

Please make checks payable to your Pack; Pack will provide one check

Parent Signature: _____ Date: _____