

White Rock District Twilight Camp
June 8-12, 2009
6:00 - 9:00 p.m.

Attach photo here

CUB SCOUT REGISTRATION

Pack# _____ Scout Rank _____ (as of June 8, 2009)

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Parents Email: _____

Date of Birth: _____ School Grade as of September 1, 2009 1st 2nd 3rd 4th 5th

Parent or Guardian Name _____ Phone: _____

Emergency contact name _____ Phone: _____
Someone other than parent.

Who will pick child up each evening? _____ Phone: _____

Parent Signature: _____ Date: _____

T-shirt Size(indicate # of each size): Youth Medium ___ Youth Large ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large ___ Adult XX-Large ___ Adult XXX-Large ___ Other ___

Registration Checklist.

- ____ Registration (This Form)
 - ____ Medical form **with immunization dates** (must have month and year)
 - ____ New BSA cub scout registration form (if new to scouts)
 - ____ Fees **\$45** per Cub by 5/14/09 and **\$55** thereafter).
 - ____ Photo of Cub Scout
 - ____ A T-shirt is included in the fee. Add \$10.00 for each additional shirt.
- Please make checks out to **BSA Circle 10**
- Total Payment \$ _____

Note for Boys entering first grade (Tigers): All boys this age must be accompanied at all times by a parent or legal guardian. Please fill out an adult registration form and submit it with this form.

Please submit this form, along with the other required forms and fees to your Twilight Camp Coordinator. For further information, see <http://www.whiterockdistrict.org>, contact Carole Patrick at 972-682-4781 or Diana Griffis 214-328-6520