

2017 Cub Scout Day Camp

Daniel Morgan District

Location: Camp Croft

Dates & Time: June 12-16, 2017 8:30 am - 4:00 pm Mon.-Thur. 8:30—1:30 pm Friday Cost: \$ 85.00

For more information, please contact Camp Advisor, Michael Wiggins at 864-415-1712 or wiggins_michael@hotmail.com.

Cub Scout's Name: _____ Pack # _____

Address: _____

City: _____ State: _____ Zip code: _____

Guardian Contact: _____ Phone #: _____

Email Address: _____ Shirt Size (please circle): YS YM YL AS AM AL XL 2XL 3XL

Date of Birth: _____ Grade Just Completed (Spring 2017): _____

If your child has not completed first grade, it is mandatory that they have an adult partner with them at camp at all times.

Join Our Staff:

Staff members are volunteer parents like you who volunteer their time to make Day Camp a memorable experience for their son. We are asking parents to work on staff or at least give some time to the program. Parents who volunteer all 5 days and attend the training will receive a 25% up-front discount on their Scout's camp fee. There is a mandatory staff training on 4/29/17 for all staff volunteers at the Council Service Center from 8:30-12:30. All volunteers receive 1 staff shirt at no cost. Additional shirts are \$10 each.

Volunteer Name: _____ Shirt Size: _____

Please check your payment option:

- Early Bird Fee for registration received on or before May 5th \$ 85.00
- Discounted Fee for Scouts whose parent volunteers all 5 days (must receive before May 5th) \$ 63.75
- By checking this box, YOU agree to volunteer ALL five days. Discount not valid after May 5th.
- Standard Fee for registration received after May 5th - Registration closes May 22nd \$ 106.25
- Extra T-Shirt (1 shirt free with registration) # purchased _____ \$ 10.00

Please see page 2 for additional information.

Total Payment: \$ _____

Please submit an Annual Health and Medical Record (parts A & B) at the time of registration. Medical Record can be found online at http://www.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf

Method of Payment (Fees do not include Accident and Sickness Insurance): Make checks payable to Palmetto Council and mail to Palmetto Council Service Center, 420 S. Church Street, Spartanburg, SC 29306. If paying by Visa, MasterCard or Discover, you may email this form to mhawkins@bsamail.org or fax it to 864-585-7751, Attn: Morgan Hawkins.													
Cash or Check	Check #			Amount \$									
Visa/MasterCard													
Expiration Date	/	/	Signature:										

Additional Day Camp Information

Each Scout will receive with their registration:

- 1 Day Camp T-shirt - Additional shirts can be purchased for \$10 each
- Shirts sizes are: Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult XL, Adult 2XL, Adult 3XL
- 1 Day Camp Patch with Lanyard
- 1 Water Bottle.

Each Pack MUST send 1 five day staff (this could be multiple people) member for every 5 Scouts.

Each Volunteer will receive 1 staff shirt at no cost - Additional shirts can be purchased for \$10 each

Shirt sizes are: Adult Small, Adult Medium, Adult Large, Adult XL, Adult 2XL, Adult 3XL

If you volunteer all 5 days at camp and attend the mandatory staff training, you will receive a 25% discount on your Scout's registration fee. You will also receive a patch and lanyard.

For additional information, please contact the Camp Advisor listed on page 1 or contact the Palmetto Council office at 864-585-4391 / mhawkins@bsaemail.org.

Please list any special needs your Scout may have that we should know about _____

**Don't forget to attach the Annual Health & Medical Record
(Parts A & B Only) to this registration.**

http://www.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf