

2010 Cub Scout Day Camp Registration Form

Check the location and week you want to attend. **If you are sending your son to more than 1 week, please submit a second registration form.**

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Mercer County Park, East 1
June 28 – July 2, 2010 - 9-3:30 | <input type="checkbox"/> Mercer County Park, East 2
July 12-16, 2010 - 9-3:30 | <input type="checkbox"/> Rosedale Park
July 26-30, 2010 - 9-3:30 | <input type="checkbox"/> Yards Creek Scout Reservation
July 19-23, 2010 - 8:30-4 |
| <input type="checkbox"/> Round Valley Youth Ctr 1
July 12-16, 2010 - 9-3:30 | <input type="checkbox"/> Johnson Park
July 12-16, 2010 - 9-3:30 | <input type="checkbox"/> Merrill Park
August 9-13, 2010 - 9-3:30 | |

Please print neatly

Cub's name _____ Pack # _____ District _____

Name of second Cub Scout attending from same family _____

Please submit a second registration form.

E-mail address _____ Cell Phone _____

(please print clearly)

Street _____ Cub's grade in September? _____

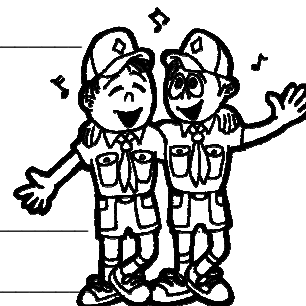
City _____ State _____ Zip _____

Parent/Guardian's name _____ Relationship, if other than parent _____

Home phone _____ Work Phone _____

Emergency contact's name _____ Phone _____

(other than adult listed above)



Camper T-Shirt Information

Each Scout camper will receive one free camp t-shirt on the first day of camp. This is their uniform for the entire week. Additional t-shirts are available to order prior to camp at a cost of \$10 each. The youth t-shirts run small, so please order accordingly. Please indicate the size and quantity below.

Youth Sizes: ___ S (6-8) ___ M (10-12) ___ L (14-16) Adult Sizes: ___ S ___ M ___ L

Payment: ___ \$150 per Scout if paid in full by May 15th (waived if adult volunteers as day camp staff – 1 Scout per volunteer)
 ___ \$175 per Scout if payment is made after May 15th (waived if adult volunteers as day camp staff – 1 Scout per volunteer)
 ___ Additional shirts @ \$10 per shirt (Did you remember to supply the size? Each camper receives 1 free shirt.)
 ___ Total payment is enclosed in the amount of \$_____.

Send payment to: Central New Jersey Council, BSA
 Cub Scout Day Camp
 2245 US Highway 130, Suite 106
 Dayton, NJ 08810-2420

TRUSTWORTHY LOYAL HELPFUL FRIENDLY COURTEOUS KIND

words to live by

OBEDIENT CHEERFUL THRIFTY BRAVE CLEAN REVERENT

Payment method:

___ Check enclosed payable to CNJC ___ Visa ___ Mastercard ___ Discover ___ Am. Express

Card number _____ Exp date _____

Name on card _____ Signature _____

Day Camp Refund Policy: The first \$25.00 of any fee paid is non-refundable. Full payments are transferable to other Scouts (with a note from the parents/guardians transferring the fee) until June 15th. The balance of the fee is refundable for the following reasons: illness requiring medical attention, summer school, or family emergency. Refund requests must be in writing and include proof. Send to the Central New Jersey Council, attention: Office Manager, no later than August 31st.

Day Camp Staff Volunteer? ___ I need more information. ___ No ___ Yes, I have included my volunteer application/health forms.

By signing this application I acknowledge that I agree with the procedures and policies of the Central New Jersey Council, BSA, including but not limited to the health services and refund policy. I also, hereby consent to the use of my son's voice and/or photographic image in any news coverage, movie making, or similar projects as approved by the Central New Jersey Council.

Parent / Guardian's Signature _____ Date _____