

Spring 2018 Camping Registration Form

Participants

Scout Name: _____ Den: _____

Parents(s) / Guardian(s): _____

Siblings: _____

Contact Email: _____

Contact Phone: _____ cell? Home?

Cost

___ Adults x \$25 Plus ___ Siblings x \$12 = Total Cost \$ _____ *

* Make checks payable to Cub Scout Pack 173

Emergency Contact Information

Contact Name: _____

Phone: _____

Bunk Reservation

Do you want to reserve beds in the bunk house?

___ No ___ Yes If yes, how many _____

Miscellaneous Information

Please let me know here if you will be arriving on Saturday or leaving before Sunday morning. If anyone in your group has food allergies? Any other pertinent information that I should have to plan this trip?
