



Lone Tree Scout Reservation – Day Camp Registration Form – 2012

Cub Scout's Name: _____ Date of Birth: _____

Grade as of 9/1/12: _____ Pack Number: _____ Town: _____

Parent/Guardian Name _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

My son is currently a: Tiger Wolf Bear Webelos I

In the fall will be a: Wolf Bear Webelos I Webelos II

My Son will attend on the following date(s): July 9-13 July 16-20 July 23-27 July 30- August 3

Camp fee is \$200 per week if paid in full before May 4th, 2012 and \$230 per week if paid after May 4th.

I would like to serve as an Adult Volunteer at Camp. All volunteers must complete an Annual Health and Medical Record, a Massachusetts CORI form, and an Adult Volunteer application. All are available at the Base Camp - wahtutca.net/basecamp.html

Parental Agreement – I understand that:

- A complete **Annual Health and Medical Record** is required for everyone in camp including adult volunteers. The form is available at the Base Camp – wahtutca.net/basecamp.html
- Any photographs taken may be used for future promotional material.

Signature of Parent/Guardian: _____

Please indicate which size T-Shirt (included in Camp registration fee) your son needs:

Youth Large (14-16) Adult Small Adult Medium Adult Large Adult XL Adult XXL

Additional shirts can be purchased for \$12 each. Please indicate the number of additional shirts you would like:

____ Youth Large (14-16) ____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult XL ____ Adult XXL

Each Friday of camp ends with a Family BBQ and Campfire. Please indicate how many people will attend the BBQ in addition to your son. Tickets may also be purchased at the beginning of each week of Day Camp: ____ Adults @ \$8 each & ____ Youth @ \$5

Payment Method: Visa MC Discover Check (payable to: Yankee Clipper Council, BSA)

Total Enclosed: \$ _____

Name on Credit Card: _____

Card Number: _____ - _____ - _____ Expiration Date: _____

Signature: _____

Send complete Application, payment, and Annual Health and Medical Record to:
Yankee Clipper Council, BSA, Attn: Lone Tree Day Camp, 36 Amesbury Road, Haverhill, MA 01830- 2802