



Camp MoonRaker – Twilight Camp Registration Form



Scout's Name: _____ Date of Birth: _____

Grade on 9/1/12: _____ Pack: _____ Town: _____

Parent/Guardian Name: _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Telephone (Home) _____ (Work) _____ (Mobile) _____

E-mail (please write clearly) _____

MoonRaker will run from July 16th through July 20th, 2012. Camp fee is \$160 per week if paid in full before May 4th, 2012 and \$190 per week if paid after May 4th.

VOLUNTEER REGISTRATION: *Twilight Camp is an ALL volunteer program. We need **YOUR** help to run it. (An adult volunteer application must be filled out and attached. Please include MA CORI form and a copy of the front and back of your state-issued ID). All forms are available at wahtutca.net/basecamp.html*

Adult Volunteer Name: _____

I would like to be a Den Escort on M T W Th F --or-- on the program staff for the full week.

Boy/Girl Scout Volunteer Name: _____

Check days: M T W Th F ** Youth Volunteer must be 14 years of age unless parent is in camp.



Thursday, July 18th will be our outing to Coco Key Water Resort. Families are invited to attend at a cost of \$25 per person. Please indicate below if additional family will be attending.

I will be bringing _____ additional people. (Payment is due by Monday, July 16, 2011)

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 what size T-Shirt (included in your camp fee) your son needs (Additional shirts are available for \$12 each)

___ Youth Large (14-16) ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large ___ Adult XX-Large

PAYMENT INFORMATION

Enclosed: Twilight Camp Fee = \$ _____ Extra T-Shirt(s) _____ Coco Key (Optional): _____

Total Amount Enclosed: _____

Payment Method: ___ Credit Card (Visa/ MC/Disc) ___ Money Order ___ Check (payable to Yankee Clipper Council, BSA)

Name on Credit Card: _____

Account Number: _____ **Expiration Date:** _____

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