Malmason District Cub Scout Day Camp 2012

CUB SCOUT REGISTRATION FORM

First Name: La	st Name:
Address:	Registration Checklist – please submit the
Phone:Pack #:	following at registration table.
Birth date:/	 This registration form completed Release Authorization Form completed Health/Medical Form Copy of Insurance Card Medications to be administered at Day Camp
Rank as of September 2012 : (Circle One) Tiger Cub Wolf Bear Webelos 1 Webelos 2	 Medications to be administered at Day Camp SACK LUNCH
T-Shirt Size (one included with youth registration): (Circle	e One) YM YL AS AM AL other
Parent/Guardian Name: Home Phone Number: () Work Phone Number:()	
FEE SCHEDULE: Registered before Registered after	ore June 4, 2011 \$ 45.00 or June 4, 2011 \$ 50.00
Registration Fee (see box above)	\$
Extra Youth T-Shirts (\$8.00 each) YLASAMAL AXL (Please indicate how reference to the second se	many extra t-shirts requested) \$
Adult T-Shirt (\$12.00 each) YLASAMAL AXL (Please indicate how m AXXL AXXXL	nany extra t-shirts requested) \$
TOTAL PAYMENT	\$

Cub Scout Release Authorization 2012

Camp Location: Grenada Lake Pavilion (near the dam) Grenada, MS

My child,	ma	may be released to the following:		
	Person's Full Name	Relationship to Youth		
Other informati	on regarding releasing your ch	ld:		

I give permission	on for my son to participate in	the "BB Marksmanship Progra	am''	
(may not be ava	ailable at all locations) [] Y	es [] No		

	on for my son to participate in	·		
(may not be ava	ailable at all locations) [] Y	es [] No		

	incil, BSA promotional mater	or my son, during day camp to ials/website usage as well as lo		
Date:	_Authorization:			
	Signature			