



**CUB SCOUT DAY CAMP
ADULT APPLICATION**

(One application per Adult volunteer)

**APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED MEDICAL FORM
Forms should be turned in to your Pack Coordinator**

DISTRICT _____ PACK _____ COUNCIL _____ - _____

Name _____ HM # _____ Cell # _____

Email _____

Address _____

City _____ State _____ Zip _____

Please check days attending

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

T- SHIRTS CANNOT BE RETURNED AND WILL NOT BE AVAILABLE AFTER CAMP

ALL T-SHIRTS ARE \$10.00	
QUANTITY	TOTAL
Adult Small (34-36)	\$
Adult Medium (38-40)	\$
Adult Large (42-44)	\$
Adult XL (46)	\$
Adult XXL (48-50)	\$
Adult XXXL (53-54)	\$
Total	\$

PLEASE CHECK DAY CAMP ATTENDING

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> WAYNE TRACE | <input type="checkbox"/> WRIGHT BROTHERS |
| <input type="checkbox"/> TWO RIVERS | <input type="checkbox"/> SUNWATCH |

PLEASE TURN IN THIS REGISTRATION FORM TO YOUR PACK. PLEASE DO NOT BRING TO THE COUNCIL SERVICE CENTER OR REGISTER ONLINE. YOUR COORDINATOR WILL REGISTER YOU AS PART OF THE PACK ATTENDING CAMP.

IF YOUR PACK IS NOT ATTENDING CAMP YOU MAY REGISTER FOR CAMP THROUGH THE COUNCIL WEBSITE.