

Signal Hill Day Camp 2012

Unit Registration Form



Pack Number: _____ Pack Co-ordinator: _____

Email: _____ Home Phone: _____

LEADERSHIP ~ RATIO 1:5

Each pack provides its own leadership through parents and leaders. National BSA policy requires two-deep adult leadership.

Adult Name: _____ Phone: _____ / _____
(Home) (Cell)

If sharing chaperone responsibilities, please provide schedule on reverse side of this sheet or on a separate sheet, inclusive of contact information for each.

PLEASE **PRINT** - attach additional sheets as necessary.

Cub Name: _____ 2012-2013 Rank: _____ Grade: _____

Phone Number: _____ Parent Emergency Number (if not chaperone) _____

Cub Name: _____ 2012-2013 Rank: _____ Grade: _____

Phone Number: _____ Parent Emergency Number (if not chaperone) _____

Cub Name: _____ 2012-2013 Rank: _____ Grade: _____

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Phone Number: _____ Parent Emergency Number (if not chaperone) _____

Cub Name: _____ 2012-2013 Rank: _____ Grade: _____

Phone Number: _____ Parent Emergency Number (if not chaperone) _____

Total Cub Scouts: _____ x \$80.00 each = _____

Mail **COMPLETED** Registration Forms along **with *Health and Medical Form #34605 Parts A & C to:**

NWSC – Signal Hill Day Camp
600 Wheeling Road
Mount Prospect, IL 60056
Acct # 1-6701-756-21

**If Health and Medical Form Parts A & C are not included with registration, the camper will not be registered. Once registration is COMPLETE camper will be placed on a roster, ONLY if space is available when received.*