

Akela Camp Registration 2009

Name of Scout _____ Grade _____ Pack _____

Mailing Address _____ Apt. _____

City _____ State _____ Zip _____ Day Time Phone (____) _____

Name of Parent or Adult _____

Name of Adult attending with your son _____

Please check the camp you wish to attend. **Please use a separate form for each child and camp you plan to attend.**

Please indicate which camp you will be attending

<input type="checkbox"/> June 5th-7th @ L&C Scout Camp (Yankton)	<input type="checkbox"/> July 10th-12th @ Pierre
<input type="checkbox"/> June 19th-21st @ Midway Camp (Volga)	<input type="checkbox"/> July 17th-19th @ Aberdeen
<input type="checkbox"/> June 26th-28th @ Newton Hills Camp (Canton)	<input type="checkbox"/> July 17th-19th @ Camp Arroya (Mitchell)

T-Shirts

Camp T-Shirts are optional. T-shirts are \$10.00 each. Please include payment with registration fee.

Please mark the number of T-shirt (s) next to the size you need.

Youth Small (6/8) _____	Youth Med (10/12) _____	Adult Small _____
Adult Med _____	Adult Large _____	Adult XLg _____
Adult 2X _____	Adult 3X _____	

Registration Fees

	Number	@	Amount	=	Total
Scout		@	\$	=	\$
Adult (s)		@	\$	=	\$
T-Shirt (s)		@	\$ 10.00	=	\$
Due by May 1st			Total Due		\$

Discount Fee Schedule

Akela Camp - Youth	\$ 35.00
Akela Camp - Adult	\$ 35.00

Regular Fee Schedule

Akela Camp - Youth	\$ 45.00
Akela Camp - Adult	\$ 45.00

Please enclose a **Annual Health and Medical Record Form*** for each youth and adult attending. **Parts A and C are to be completed.** Forms can be found at www.siouxbsa.org/Camps/AkelaCamp/

***Note:** Class 1 Health forms are valid through 2009. New Health forms must be used effective 2010.

**** You must be paid in full by May 1st
to receive the Discount Fee****

Send Registration form and fees to: Sioux Council BSA - 800 N. West Ave. - Sioux Falls, SD 57104
Due May 1st