

# Community Day Camp Registration

Pack Number \_\_\_\_\_

All Packs must be accompanied by at least two adults (two-deep leadership with one adult for every four youth). One adult must be responsible for the group, while attending the Community Day Camp. Please fill out the following information for the responsible person.

Adult Leader \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_, \_\_\_\_\_ \_\_\_\_\_

Please fill in the Date and Location of the Day Camp your Pack will attend. If your Pack is attending more than one camp, please fill out a separate form for each location.

Day Camp Date \_\_\_\_\_ Location \_\_\_\_\_

Please mark the appropriate box.

Original Registration

Please Add to our Registration

Please fill out the names, phone numbers, and T-shirt sizes of each youth attending on **page 2**. 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/Resources/Forms/MedicalForms](http://www.siouxbsa.org/Resources/Forms/MedicalForms).

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

Adults may purchase T-shirts for an additional \$10.00 each. Please enclose payment with this form.

Registration Fees					
	Number		Amount		Total
Scouts		@	\$	=	\$
Adult (s)		@	\$0.00	=	\$0.00
Adult T-Shirt (s)		@	\$ 10.00	=	\$
<b>Due by May 1st</b>			<b>Total Due</b>		\$

Discount Fee Schedule	
Day Camp - Youth	\$ 30.00

**\*\* You must be paid in full by May 1st to receive the discount fee\*\***

Regular Fee Schedule	
Day Camp - Youth	\$ 40.00

Please send completed Registration Form, Pack Check, and Medical Forms to:  
Sioux Council, BSA - 800 N. West Ave. - Sioux Falls, SD 57104

**Registration Due By May 1st**

