

2013 Prairielands Council Day Camp Registration Form Adult

(Note: All packs must have at least one walker each day of day camp.)

Note: This form must be turned in along with Parts A&B of the BSA Medical Form when registering for Day Camp.

Camp Location

- Camp Drake
 Urbana
 Tuscola

Contact Information (Please Print)

I am volunteering as: Camp Staff (one free Scout registration) Pack Walker
 I will be in camp the following days: Mon Tues Wed Thur Fri Sat

Pack # _____
 Name _____ Home Phone (____) _____
 E-mail _____ Cell Phone (____) _____
 Address _____
 City, ZIP Code _____
 Emergency Contacts:
 Name _____ Relationship _____ Day Phone (____) _____
 Name _____ Relationship _____ Day Phone (____) _____

T-Shirts

Each camp staffer receives a camp T-shirt. Pack Walkers must purchase a shirt if they want one. Additional shirts can be ordered below.

- Adult Small Adult Medium Adult Large
 Adult Extra Large (XL) Adult 2XL Adult 3XL

Camp Fees

List all of your children who will be attending this day camp (Campers and Staff)

First Name _____	Last Name _____	Age _____	<input type="checkbox"/> Camper	<input type="checkbox"/> Staff
First Name _____	Last Name _____	Age _____	<input type="checkbox"/> Camper	<input type="checkbox"/> Staff
First Name _____	Last Name _____	Age _____	<input type="checkbox"/> Camper	<input type="checkbox"/> Staff
First Name _____	Last Name _____	Age _____	<input type="checkbox"/> Camper	<input type="checkbox"/> Staff

Are you a registered Scouter?..... Yes No Are you Youth Protection Trained?..... Yes No
 Are you CPR Trained?..... Yes No Child/Infant Adult Exp. Date _____
 Are you First Aid Trained? Yes No Standard Level 1 Level 2 Exp. Date _____
 Are you a Registered Nurse/Physician/EMT?..... Yes No

T-shirts (____) at \$10 each..... \$ _____

FOR OFFICE USE ONLY

- Contact Information T-shirt Size Medical Form Attached Fee Paid