

2019 Prairielands Council Day Camp Registration Form Camper

Note: This form must be submitted along with Parts A and B of the BSA Medical Form when registering for Day Camp

Contact Information (Please Print)

Pack # _____
 Scout Name _____ Home Phone (____) _____
 Father's Name _____ Day Phone (____) _____
 Mother's Name _____ Day Phone (____) _____
 Address _____
 City, State, Zip Code _____
 Email(s)[print clearly] _____

In case parents or guardian cannot be reached in an emergency, who else should be notified? This must be a local person who can pick up the Scout if necessary.

Name _____ Relationship _____ Day Phone(____) _____
 Name _____ Relationship _____ Day Phone(____) _____

Is there anyone who is NOT allowed to pick up your child from Day Camp (for example, a custody issue?)

Name(s) _____

Scout Rank in the fall: Lion Tiger Wolf Bear Webelos Arrow of Light

Camp Fees

Camp Drake (May 31-June1)
 Saturday only at \$50.00 \$ _____
 Overnight Camp at \$50.00 \$ _____
 Late fee (after April 30, 2019) \$10.00 \$ _____
 Adult meal ticket(s) # _____ at \$10.00 ea \$ _____

Urbana Day Camp (June 7-8)
 Saturday only at \$50.00 \$ _____
 Overnight Camp at \$50.00 \$ _____
 Late fee (after April 30, 2019) \$10.00 \$ _____
 Adult meal ticket(s) # _____ at \$10.00 ea \$ _____

Total Due \$ _____
 Less Council Campership (if any, contact Council office) \$ _____

FOR OFFICE USE ONLY

Contact Information

Medical Form Attached

Fee Paid