

PACK	WEEK	CAMP	SITE

PLEASE PRINT CLEARLY OR TYPE

THIS FORM MUST BE ACCOMPANIED BY A PACK REGISTRATION FORM

2 COPIES NEEDED AT CHECK-IN

	ADULT LEADERS (OVER 18) NAME	EMAIL ADDRESS	CONTACT PHONE NUMBER	BIRTH DATE	AMOUNT DUE	AMOUNT PAID
IN CHARGE						
2						
3						
4						
5						
6						

	NAME	HOME PHONE NUMBER	AGE	RANK	HOME UNIT		AMOUNT DUE	CAMPERSHIP	DISCOUNT	PAYMENT	BALANCE DUE
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
	TOTAL (LAST PAGE ONLY)										

PLEASE COMPLETE A DIFFERENT FORM FOR EACH SESSION – USE ADDITIONAL SHEETS AS NEEDED
INCOMPLETE FORMS WILL NOT BE PROCESSED!

THIS FORM MUST BE ACCOMPANIED BY THE PACK SUMMER CAMP REGISTRATION FORM

UNIT LEADER SIGNATURE _____

DATE _____

PAGE _____ of _____