

2017 CUB SCOUT SUMMER ADVENTURE GUEST REGISTRATION FORM

Saturday, July 8th, 2017

Please fill out the entire form below (PLEASE PRINT!)

Name: First _____ M.I. _____ Last _____

Street: _____

City: _____ State: _____ Zip: _____ - _____

Phone: Day (____) _____ - _____ Evening (____) _____ - _____

Date of Birth: ____ / ____ / ____ Age: ____

Grade completed by summer: _____ *(Guests must have at least completed kindergarten, but cannot have completed any grade higher than the 4th grade by this summer in order to attend Cub Scout Summer Adventure)*

Home email _____

Guest of (Scout's Name): _____

Pack # _____

Will Guest be accompanied by an adult? _____ If **yes**, Adult's Name: _____

Adult's Cell Phone: (____) _____ - _____ *(All Guests who will be attending 1st grade in the fall, MUST be accompanied by a parent or guardian. Fee is \$7.⁰⁰ per adult to cover cost of lunch)*

Cost is only **\$7.⁰⁰ per guest**, to cover meals and supplies. Guests must register prior to the first day of camp. All guests must also complete Parts A and B of the BSA Health Forms, and bring these with them to camp. Guest payment and registration is DUE no later than Friday, June 23rd.

Parent/Guardian Signature _____



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Will Guest be accompanied by an adult? _____ If **yes**, Adult's Name: _____

Adult's Cell Phone: (____) _____ - _____ *(All Guests who will be attending 1st grade in the fall, MUST be accompanied by a parent or guardian. Fee is \$7.⁰⁰ per adult to cover cost of lunch)*

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