



CUB SCOUT SUMMER CAMP 2009

CUB SCOUT/WEBELOS RESIDENT CAMP

Scout's Name _____ Pack # _____ District Name _____

Date of Birth _____ Grade Sept '09 _____ Rank Sept '09 _____ Charter Den Leader _____

Special Needs _____

Address _____ Town _____ State _____ Zip _____

E-mail _____ Phone # Home _____ Work _____ Cell _____

Emergency Contact _____ Phone _____

PHOTO RELEASE: Connecticut Rivers Council may take pictures and/or videos for use as camp promotional materials for Scout camps and programs, I realize that my child's likeness and/or mine may appear in this material. If you do not agree notify the Connecticut Rivers Council Camping 60 Darlin St, POBox 280098, East Hartford, CT 06128; Attn: Camping.

REFUND NOTICE: Partial refunds for Scouts not attending camp will be given only if the notification is given to the Connecticut Rivers Council in writing at least 14 days prior to the scheduled arrival date at camp. There will be no refunds for cancellations within two weeks of camp attendance except for medical reasons or summer school attendance. Partial refunds for cancellations due to medical reasons will require a doctor's note. Summer school will require a note from the school. The non-refundable/transferable \$25 save-a-spot fee will not be returned. After June 15, contract commitments increase all non-refundable fees. Requests for partial refunds must be made no later than August 31. Requests made after that date will not be considered.

MEDICAL FORMS: Medical forms are required for every person in camp, and a separate form is required for each session attended. The council may keep these medical forms. Be sure to make copies of the form before you come to camp. Be prepared to leave a copy the medical form at camp, keep an original in a safe place; it can be used again. Copies cannot be made at camp, and they cannot be provided at a later time. **Attendance at camp requires a Medical form.**

I would like to volunteer to help at Cub Scout Summer Camp (Check the box)

Parent/Guardian (Print) _____ Parent/Guardian (Signature) _____

Check the box for the camp you will be attending

Cub Scout Adventure Camp

Camp Tadmá July 26—July 31 August 2—August 7

Webelos Resident Camp

Camp Mattatuck, Plymouth July 26—July 31

Camp Tadmá, Bozrah August 9—August 14

Camp Webster, Ashford August 9—August 14

Camp Workcoeman, New Hartford August 9—August 14

Cub Scout Mini Week

Camp Tadmá July 24—July 26

Resident Camp Fees

Cub Scout Adventure Camp

Charter Den...\$325 Provisional Camper...\$345

After May 15 Charter Den...\$350 Provisional Camper...\$370

Webelos Resident Camp

Charter Den...\$325 Provisional Camper...\$370

After May 15 Charter Den...\$350 Provisional Camper...\$395

Cub Scout Mini Week

Charter Den...\$175 Provisional Camper...\$195

After may 15 Charter Den...\$200 Provisional...\$220

Payment Method: (please circle) **Check** **Cash** **MasterCard** **Visa** — Credit card Number _____ Exp Date _____

When using a credit card full payment is required

Check box if Save-A-Spot fee was paid

Amount _____ Name (print) _____ Signature _____