

# 2011 CAMP BOYHAVEN SUMMER RESIDENT CAMP CAMPER REGISTRATION FORM

PLEASE PRINT NEATLY:

Camper Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Cub Scout Rank: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Pack Number: 4045 District or County: Saratoga  
Parent/Guardian Name(s): \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**All scouts attending camp must submit a completed Health Form to the Camp Health Director upon arrival at Camp.**

**Attending a Cub Weekend Camping: Parts A and C of the medical form must be completed.  
Attending a Webelos Camping Session: Parts A, B, and C of the medical form must be completed**

**Cub Weekend Camping:** \_\_\_ July 22<sup>nd</sup> to July 24<sup>th</sup>

**Webelos Camping:** \_\_\_ July 14<sup>th</sup> to July 17<sup>th</sup>

\_\_\_ \$ 50 Deposit (Due upon registration)  
\_\_\_ \$ 165 Regular Fee  
\_\_\_ \$ 215 Late Fee (after 5/1)

\_\_\_ \$ 50 Deposit (Due upon registration)  
\_\_\_ \$ 205 Regular Fee  
\_\_\_ \$ 255 Late Fee (after 5/1)  
\_\_\_ \$ 240 Individual Camper

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT INSTRUCTIONS

APPLICATION FORMS AND CHECKS (MADE PAYABLE TO "Pack 45") SHOULD BE SUBMITTED TO THE PACK CAMP COORDINATORS: **Amy & Tony Morelli**.

## TWIN RIVERS COUNCIL RESIDENT CAMP REFUND POLICY- PLEASE READ CAREFULLY

Months before camp opens, we do extensive planning, pre-camp purchasing, and staff contractual agreements, among other things. Due to these types of commitments, it is not practical to give full refunds. All refunds will be assessed a minimum \$50.00 for fixed costs already incurred. Refunds **will be considered** for the following cases only:(NO EXCEPTIONS)

### Summer School

Documentation from the school must be provided with the request in writing, and MUST be submitted before but no later than July 1. Scouts should be encouraged to make up in a later week.

### Medical

Documentation from the Physician must be provided with the request in writing, and MUST be submitted at least one week prior to the Scout's scheduled arrival at camp.

### Death in the Immediate Family

A letter with the request in writing from the parent/guardian.

**Non-qualifying refund requests are not limited to but include:**  
sports (of all kinds), vacation, homesickness, failure to show, Scout changes their mind, travel events, etc.

Checks will be issued after September 15<sup>th</sup>.

# 2011 CAMP BOYHAVEN SUMMER RESIDENT CAMP ADULT REGISTRATION FORM

(EVERY ADULT ATTENDING CAMP MUST SUBMIT THIS FORM)

Your Name: \_\_\_\_\_  
Your Scout's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Pack Number: 4045 District or County: Saratoga

Please check the session(s) you will be attending and the applicable fee(s):

CUB WEEKEND CAMPING: \_\_\_ July 22nd to July 24<sup>th</sup> \_\_\_ \$90 Adult Fee

WEBELOS CAMPING: \_\_\_ July 14<sup>th</sup> to 17<sup>th</sup> \_\_\_ \$110 Adult Fee

All adults attending camp must submit a completed Health Form to the Camp Health Director upon arrival at Camp.

Attending a Cub Weekend Camping: Parts A and C of the medical form must be completed.

Attending a Webelos Camping Session: Parts A, B, and C of the medical form must be completed.

## PAYMENT INSTRUCTIONS

APPLICATION FORMS AND CHECKS (MADE PAYABLE TO "PACK 45") SHOULD BE SUBMITTED TO THE PACK CAMPING COORDINATORS: Amy & Tony Morelli

### TWIN RIVERS COUNCIL RESIDENT CAMP REFUND POLICY- PLEASE READ CAREFULLY

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#### Summer School

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#### Medical

Documentation from the Physician must be provided with the request in writing, and MUST be submitted at least one week prior to the Scout's scheduled arrival at camp.

#### Death in the Immediate Family

A letter with the request in writing from the parent/guardian.

#### Non-qualifying refund requests are not limited to but include:

sports (of all kinds), vacation, homesickness, failure to show, Scout changes their mind, travel events, etc.

Checks will be issued after September 15<sup>th</sup>.

# 2011 CAMP BOYHAVEN SUMMER RESIDENT CAMP SIBLING REGISTRATION FORM

## SIBLING INFORMATION:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Pack Number: 4045 District or County: \_\_\_\_\_ Saratoga \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**All siblings attending camp must submit a completed Health Form to the Camp Health Director upon arrival at Camp.**

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**Attending a Webelos Camping Session: Parts A, B, and C of the medical form must be completed.**

**Cub Weekend Camping:** \_\_\_ July 22<sup>nd</sup> to July 24<sup>th</sup>

**Webelos Camping:** \_\_\_ July 14<sup>th</sup> to July 17<sup>th</sup>

\_\_\_ \$ 50 Deposit (Due upon registration)  
\_\_\_ \$ 165 Regular Fee  
\_\_\_ \$ 215 Late Fee (after 5/1)

\_\_\_ \$ 50 Deposit (Due upon registration)  
\_\_\_ \$ 205 Regular Fee  
\_\_\_ \$ 255 Late Fee (after 5/1)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PAYMENT INSTRUCTIONS

APPLICATION FORMS AND CHECKS (MADE PAYABLE TO "PACK 45") SHOULD BE SUBMITTED TO THE PACK CAMPING COORDINATORS: Amy & Tony Morelli

## CAMP BOYHAVEN SIBLING POLICY

Packs that allow siblings to attend the camping sessions must abide by the following conditions.

1. The sibling has to be a sister or younger brother
2. The Camp Staff and Den Leaders have no supervisory responsibility for the sibling. The parent must supervise the sibling at all times.
3. Completed medical forms still need to be turned in.
4. Swim tests are mandatory for anyone wanting to use the Waterfront. The sibling could swim only if supervised one-on-one by their parent.

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sports (of all kinds), vacation, homesickness, failure to show, Scout changes their mind, travel events, etc.

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