

## 2008 DAY CAMP REGISTRATION FORM FOR TIGER CUBS, CUB SCOUTS, WEBELOS, & ADULTS

*REGISTRATION WILL NOT BE COMPLETE WITHOUT MEDICAL FORM CLASS 1 FROM ALL PARTICIPANTS AND T-SHIRT SIZE FOR EACH BOY.*

**INSTRUCTIONS:** For additional scouts or adult volunteers, please use this sheet and enclose it with the any additional forms. Visit [www.gpc-bsa.org](http://www.gpc-bsa.org) for additional forms. This form may be copied. If attending another district's Day Camp, please contact that director. **DO YOU HAVE ANY QUESTIONS? Call (412) 325-7973.**

Pack or Den Leader Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Pack No. \_\_\_\_\_ District \_\_\_\_\_ Day Camp Date \_\_\_\_\_ Camp Location \_\_\_\_\_

Check if Adding On	YOUTH		Grade Entering in 9/2008	Medical Form check if attached	T-Shirt Size*
	Name	Phone			
<input type="checkbox"/>	1. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	2. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	3. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	4. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	5. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	6. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	7. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	8. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	9. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	10. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	11. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	12. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	13. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/>	14. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>

**REMEMBER: TWO ADULTS MUST BE PRESENT WITH CUB SCOUTS AND WEBELOS SCOUTS AT ALL TIMES.**  
**NOTE: THERE IS NO FEE FOR PARENTS/LEADERS ATTENDING DAY CAMP.**  
**EXCEPT THE PURCHASE OF THE T-SHIRT**

	ADULTS		Days Attending	Medical Form check if attached	T-Shirt Size*	T-Shirt Paid check if paid
	Name	Phone				
<input type="checkbox"/>	1. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. _____	(____)_____	_____	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>

