

Registration for Resident Camp (4-Day Session)

Pack Number: _____



Camp Session: _____

Leader's Name, Phone Number, and Email	M/F	Deposit	Paid in Full
Leader Name: _____ Phone Number: _____ Email: _____			
Leader Name: _____ Phone Number: _____ Email: _____			
Leader Name: _____ Phone Number: _____ Email: _____			
Leader Name: _____ Phone Number: _____ Email: _____			

Camper Name and Parent's Email Address	Rank	Deposit	Paid in Full
Camper Name: _____ Email Address: _____			
Camper Name: _____ Email Address: _____			
Camper Name: _____ Email Address: _____			
Camper Name: _____ Email Address: _____			
Camper Name: _____ Email Address: _____			