

REGISTRATION FOR 4 DAY RESIDENT CAMP

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	M/F	Rank as of 6/1/24	Deposit	Paid in Full
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				