

## REGISTRATION FOR 5 DAY RESIDENT CAMP

Pack Number: \_\_\_\_\_



Camp Session: \_\_\_\_\_

Leader's Name, Phone Number, And Email	M/F	Deposit	Registration
Leaders Name: Phone Number: Email:			
Leaders Name: Phone Number: Email:			
Leaders Name: Phone Number: Email:			
Leaders 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.				