Provisional Scout Registration

This is a special program at Camp McKee for Scouts whose troop will not be attending camp, cannot attend with their troop or choose to attend an additional week. The cost of this program is the same as the regular camp fee. There may be additional fees for certain programs (see leader guide - available online at www.bgbsa.org). Leadership will be provided for these Scouts. A $30 deposit is due with the application and the remaining balance will be due on May 13, 2013. Please send all applications and payments to the council office.

Week attending (circle one): Week 1: June 16-22 Week 2: June 23-29 Week 3: June 20-July 6 Week 4: July 7-13

_____ Please assign me to a provisional troop

_____ I have arranged to attend as a provisional Scout with Troop #_____

Home council _____ State _____ Troop #_____

Scout's Name_____ Date of Birth _____

Scout's Address_____

City/St/Zip_____

Home Phone_____

E-mail address (or parent's e-mail) _____

Prior years at summer camp _____

Leadership positions held within your troop _____

Scoutmaster Approval

By signing below, I acknowledge that the Scout who has signed up for special activities (High Adventure, Climbing) has met the minimum requirements and has been recommended by me as having the maturity and skill level required to participate in such activities.

Scoutmaster's Signature _____ Date_____

Scoutmaster name (please print) _____

Merit Badge Class Selection (we recommend a maximum of 4 merit badge classes due to "homework" requirements)

8:45 AM _____ **1:30 PM** _____

9:45 AM _____ **2:30 PM** _____

10:45 PM _____ **3:30 PM** _____

Parent Approval (parents must still fill in and sign Part C of the Health and Medical Record Form)

Parent Signature_____ Printed Name_____

Payments Received

Amt. Paid	Description	Receipt #
$_____	Deposit	_____
$_____	Balance of Camp Fee	_____
$_____	Late Fee	_____
$_____	Program Fees (see schedule on page 6)	_____
$_____	Other	_____
$_____	Other	_____
$_____	Other_____	_____
$_____	Other_____	_____
$_____	**TOTAL PAID**_____	_____

___ **Health and Medical Form Received**