

# Provisional Scout Registration Form

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. Leadership will be provided for these Scouts. The cost of this program is the same as the regular camp fee. There may be additional fees for certain programs. A \$50 deposit is due with the application and the remaining balance will be due on May 14, 2018 with a copy of your current medical form. Please send all applications and payments to the council office.

Week attending:     Week 1: June 18-24     Week 2: June 25-July 1     Week 3: July 2-8     Week 4: July 9-15

**PLEASE PRINT**

Home council \_\_\_\_\_ State \_\_\_\_\_ Troop # \_\_\_\_\_

Scout's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

T-Shirt size (all adult sizes):     Sm     Med     Lg     XL     2X     3X     4X

Parent/Guardian Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Dietary Restrictions/Allergies: \_\_\_\_\_

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) \_\_\_\_\_

**Parent Approval**

Parent Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

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

**8:30 AM** \_\_\_\_\_                      **1:15 PM** \_\_\_\_\_

**9:35 AM** \_\_\_\_\_                      **2:20 PM** \_\_\_\_\_

**10:40 PM** \_\_\_\_\_                      **3:25 PM** \_\_\_\_\_

Amt. Paid	Description	Receipt #
\$ _____	Deposit	_____
\$ _____	Balance of Camp Fee	_____
\$ _____	Late Fee	_____
\$ _____	Program Fees (see schedule on page 9)	_____
\$ _____	Other _____	_____
\$ _____	Other _____	_____
\$ _____	<b>TOTAL PAID (date)</b>	_____

**FOR OFFICE USE ONLY—DO NOT WRITE IN THIS BOX**

**Health and Medical Form Received**   
 Assigned to Troop #: \_\_\_\_\_   
 Campsite #: \_\_\_\_\_