

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. 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 (see leader guide - available online at www.theresapatchforthat.org). A \$50 deposit is due with the application and the remaining balance will be due on May 22, 2014 with a copy of your current medical form. Please send all applications and payments to the council office.

Week attending: Week 1: June 21-27 Week 2: June 28-July 4 Week 3: July 5-11 Week 4: July 12-18

PLEASE PRINT

Home council _____ State _____ Troop # _____

Scout's Name _____ Date of Birth _____

Parent/Guardian Name(s) _____

Email Address _____

Street Address _____

City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____

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

Parent Signature _____ Printed Name _____

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 _____

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

FOR OFFICE USE ONLY—DO NOT WRITE IN THIS BOX

___ Health and Medical Form Received

Assigned to Troop #: _____ Campsite #: _____