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2009 Cub Scout Resident Camp at Kirby

Bucks County Council, Boy Scouts of America
Pack Registration and Deposit



Pack # _____ District _____ Council _____
 Contact person _____
 Coordinator's Phone _____ E-mail _____

2009 CAMPING SESSIONS AND DATES

Session	Thursday	Friday	Saturday	Sunday	Monday
1			7/18	7/19	7/20
2	7/23	7/24	7/25	7/26	7/27
3	7/30	7/31	8/1	8/2	8/3
4	8/6	8/7	8/8	8/9	8/10
5	8/13	8/14	8/15	8/16	

FEES (Youth/Adult)

Paid by	February 27 th	May 2 nd	May 3 rd or later
2-nights at camp	\$100/\$50	\$120/\$60	\$130/\$70
Additional nights	\$45/\$25	\$55/\$30	\$60/\$35

Fill on the dotted line for the number of campers (Youth/Adult)

Session	Thursday	Friday	Saturday	Sunday	Monday
1			7/18 Y.....A.....	7/19 Y.....A.....	7/20 Y.....A.....
2	7/23 Y.....A.....	7/24 Y.....A.....	7/25 Y.....A.....	7/26 Y.....A.....	7/27 Y.....A.....
3	7/30 Y.....A.....	7/31 Y.....A.....	8/1 Y.....A.....	8/2 Y.....A.....	8/3 Y.....A.....
4	8/6 Y.....A.....	8/7 Y.....A.....	8/8 Y.....A.....	8/9 Y.....A.....	8/10 Y.....A.....
5	8/13 Y.....A.....	8/14 Y.....A.....	8/15 Y.....A.....	8/16 Y.....A.....	

Total # of Cubs _____ Total # of Adults _____ Total # of Campers _____ x\$25 = _____ Early sign-up fee

If you are not a camper and do not wish to stay overnight, **come for the day (from 9:00 to 5:30PM)**. For fee information, call Viviane M. Hopper at the Council office at (215)348-7205 ext. 114 or at vhopper@bsamail.org

Schedule of fees is listed on individual registration forms. T-shirts can be ordered on the individual registration form also. For discount rate, full payment must be received in by February 27th. Also Payment must be received in full by May 2nd to avoid the late fee. All fees are non-refundable, but transferable to another Scout in the same Unit. Cancellation insurance can be purchased through TravMark at the website

www.ockanickon.org.

Contact **Viviane Hopper, Camp Registration** at vhopper@bsamail.org for more info.