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2009 Cub Scout Resident Camp at Kirby Bucks County Council, Boy Scouts of America **Youth Application**

Please use a separate form for each boy and each session

Pack # _____ District _____ Council _____

Pack Coordinator name _____ Phone # _____

Camper Name _____ Fall '08 Grade _____

Parent/guardian _____

Street Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____ Email _____

Emergency contact person/phone _____ / _____

Alternate contact person/phone _____ / _____

Physician name/phone # _____ / _____

Insurance name _____ Policy # _____

Please complete the appropriate health form for your session. All boys attending **camp for three nights** or less need a **Class I only**. They do not need a physical exam or doctor signature. Boys who are attending for four nights or longer need **Class I and II**, including a physical exam and signature of a licensed physician. **A copy of the appropriate health form must be brought to camp with the individual and not sent to Council Office.**

(See other side)

2009 Cub Scout Resident Camp

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Pack # _____ Camper Name _____

Are you an **overnight** or a **day** camper? Indicate: Day _____ Overnight _____

Session attending (Check the **dates** of camping **nights** or **day** in the session attending):

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

Paid in full by	February 27 th	May 2 nd	May 3 rd or later
2-nights at camp	\$100	\$120	\$130
Additional nights	\$45	\$55	\$60
Day stay (for two)	\$85	\$105	\$115
Additional day stay	\$40	\$50	\$55

Theme **T-shirt** order- **\$10.00**/shirt (Check the desired number and size):

Youth Medium _____	Adult Small _____	Adult Large _____	Adult XX Large _____
Youth large _____	Adult Medium _____	Adult Extra Large _____	Adult XXX Large _____

T-shirts need to be ordered by June 19th

All camp fees are **non-refundable** but **transferable** to another scout in same Unit. Cancellation insurance may be purchased through TravMark by clicking on the TravMark logo on the www.ockanickon.org website. Financial aid applications are available at the Council Service Center.

Session fee as of date paid _____
 Less \$25 deposit (if applicable) _____
 T-shirts @\$10.00 _____
 Total paid _____

I give permission for any photos taken of my son at Camp Kirby to be used for promotional purposes by Camp Kirby and Bucks County Council, BSA. I understand that Bucks County Council Camps have a “no refund” policy. I can purchase cancellation insurance through TravMark if I so choose.

Signature of parent/guardian

Date

Questions? Call the Bucks County Council Service Center at 215-348-7205 or contact Viviane M. Hopper, camp registration, at vhopper@bsamail.org.