



**SpaceQuest: Out of This World**  
**2010 Cub Scout Resident Camp at Kirby**

Bucks County Boy Scouts, BSA

**Adult Registration**

**Please use a separate form for each adult and each session**

Pack # \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

Pack Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Adult Camper Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact person/phone \_\_\_\_\_ / \_\_\_\_\_

Physician name/phone # \_\_\_\_\_ / \_\_\_\_\_

Insurance name \_\_\_\_\_ Policy # \_\_\_\_\_

Please complete the appropriate health form for your session. All adults **under the age of 40, attending for three nights or less, need a Class I medical form.** They do not need a physical exam or doctor signature. Adults **under age 40 attending** for four nights or more need a **Class I and II**, including a physical exam and signature of a licensed physician. All adults that are or will be **age 40 by camp**, need a **Class III physical**, including a physical exam and signature of a licensed physician. **All individuals must bring a copy of their current physical to camp with them and not send it to the Council office.**

**(See other side)**

# 2010 Cub Scout Resident Camp

## Adult Application Page 2

Pack # \_\_\_\_\_ Adult Camper Name \_\_\_\_\_

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

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

Session	Thursday	Friday	Saturday	Sunday	Monday
1	7/15	7/16	7/17	7/18	7/19
2	7/22	7/23	7/24	7/25	7/26
3	7/29	7/30	7/31	8/1	8/2
4	8/5	8/6	8/7	8/8	8/9
5	8/12	8/13	8/14	8/15	

### FEES

Paid by	March 6th	May 1 <sup>st</sup>	May 2 <sup>nd</sup> or later
<b>2-nights at camp</b>	\$60	\$70	\$80
<b>Additional nights</b>	\$30	\$35	\$40
<b>For the day only (9AM:30-5PM)</b>	\$30	\$35	\$40

Theme **T-shirt** order-\$**12.00**/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 18<sup>th</sup>**

A limited supply may be available at the camp store.

All camp fees are non-refundable but transferable to another adult in the same Unit. Cancellation insurance may be purchased through TravMark by clicking on the TravMark logo [www.ockanickon.org](http://www.ockanickon.org) . Financial aid applications are available at the Council Service Center.

Session fee as of date paid \_\_\_\_\_  
 Less \$25 deposit (if applicable) \_\_\_\_\_  
 T-shirts @\$12.00 \_\_\_\_\_  
**Total paid** \_\_\_\_\_

I give permission for any photos taken of me 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 adult camper

\_\_\_\_\_  
Date

Questions? Call the Bucks County Council Service Center at 215-348-7205 or contact Viviane Hopper, Camp registration, at [vhopper@bsaemail.org](mailto:vhopper@bsaemail.org).