

PACK # 789

2009 CUB RESIDENT CAMP AUGUST 6-8

Pack Contact Information

District Please Check

HAPPY TRAILS WILD WEST

Name Mr Leader Guy

CH CC PM RB MIR

ROSTER/PAYMENT FORM - CUB SCOUTS ONLY

Email Phone

	Name	Phone	Rank in fall	YM	YL	AS	AM	AL	XL	2X	3X	Pack Rec'd Health Form	Cub \$60	Adult \$40	DenC \$40	Late +\$10	Sib \$30	Late Sib\$5	XShrt \$10	Total Costs
1	Timmy Tiger	123-4567	T	1								y	60							\$60
2	Bill Bear	234-5678	B		1							y	60							\$60
3	Bob Boy Scout	123-9852	DC									y			40					\$40
4	Carol Cubmaster	123-6319	A				1					y		40						\$40
5	Dad Tiger	123-5613	A					1				y		40		10				\$50
6	Sally Sibling	126-5226	S	1								y					30			\$30
7	Willy Wolf	123-4567	W		1							?	60							\$60
8																			10	\$10
9																				\$0
10																				\$0
11																				\$0
12																				\$0
13																				\$0
14																				\$0
15																				\$0
16																				\$0
	T-SHIRT Sub Total			2	2	0	1	1	0	0	0	\$ Sub Total	\$180	\$80	\$40	\$10	\$30	\$0	\$10	\$350
	T-SHIRT From 2nd Page											\$ 2nd Page								
	T-SHIRT TOTAL ORDER			2	2	0	1	1	0	0	0	Total \$ Due	\$180	\$80	\$40	\$10	\$30	\$0	\$10	\$350
				YM	YL	AS	AM	AL	XL	2X	3X		Cub	Adult	DC	Late\$	Sib	Late\$	XShrt	Total \$

Numbers of Campers: Tigers (T) 1 Wolf (W) 1 Bear (B) 1 Sibling 1
 Adult (A) 2 Den Chief (DC) 1

1st copy -**Submit to Council with payment no later than May 31, 2009**
 2nd copy - Pack records
 3rd copy - Bring updated copy and all health forms to Camp Hiawatha

Pack Check # _____
 Date Council Paid _____