

PACK #

District Please Check

CH CC PM RB MIR

2009 CUB RESIDENT CAMP AUGUST 6-8

HAPPY TRAILS WILD WEST

ROSTER/PAYMENT FORM - CUB SCOUTS ONLY

Pack Contact Information

Name

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																							
2																							
3																							
4																							
5																							
6																							
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16																							
	T-SHIRT Sub Total																						
	T-SHIRT From 2nd Page																						
	T-SHIRT TOTAL ORDER																						
				YM	YL	AS	AM	AL	XL	2X	3X		Cub	Adult	DC	Late\$	Sib	Late\$	XShrt	Total \$			

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

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

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