Pack#

District Please check

CH CC PM RB MIR

Treasure Quest
2009 Cub Day Camp
Roster/Payment Form

Pack Contact Information

Name Phone

E-mail

	Name	Phone	Rank in fall	YM	YL	AS	AM	AL	XL	2X	3X	Pack Rec'd Health Form	Camp Cost with shirt*	Late fee +$5 **	$10 Extra Shirt	Total Camp Costs
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
	T-SHIRT Sub Total											Sub total $				
	T-SHIRT From 2nd Page											$ 2nd Page				
	T-SHIRT TOTAL ORDER											**Total $ Due**				
				YM	**YL**	**AS**	**AM**	**AL**	**XL**	**2X**	**3X**		**Camp Cost**	**Late+$5**	**$10 per Extra Shirt**	**Total $ Pack Owes**

Numbers of Campers: Tigers (T) ____ Wolf (W) ____ Bear (B) ____ Webelos 1 (W1) ____

Webelos 2 (W2) ____ Adult (A) ____ Sibling (S) ____ (See if camp allows Siblings to attend)

*** See Day Camp Guide for Your District Fees ***

1st copy - Submit to District Directors with health forms at required roundtable **before May 7, 2009 ****

2nd copy - Submit to Council with payment before **May 7,2009 or late fees will apply ****

3rd copy - Bring updated copy to day camp

Pack Check # _____

Date Council Paid _____