

PACK #
 District Please Check
 CH CC PM RB MIR

2009 WEBELOS RESIDENT CAMP AUG 2-5
HAPPY TRAILS WILD WEST
ROSTER/PAYMENT FORM - WEBELOS ONLY

Pack Contact Info
 Name _____
 Email _____ Phone _____

	Name	Phone	Rank in fall	YM	YL	AS	AM	AL	XL	2X	3X	Pack Rec'd Health Form	Web \$75	Adult \$45	DenC \$45	Late +\$10	Sib \$30	Late Sib\$5	XShrt \$10	Total Costs
1	Almost There Wagner	123-4567	W2			1						yes	75							\$75
2	Bill Bear	234-5678	W2				1					yes	75							\$75
3	Bob Boy Scout	123-9852	DC					1				yes			45					\$45
4	Carol Cubmaster	123-6319	A				1					yes		45						\$45
5	Dad Webelos	123-5613	A						1			yes		45						\$45
6	Sally Sibling	126-5226	S		1							yes					30			\$30
7	Willy Webelos	123-4567	W1			1						yes	75							\$75
8	Just Grad Bearly Web		W1		1							yes	75							\$75
9																				\$0
10																				\$0
11																				\$0
12																				\$0
13																				\$0
14																				\$0
15																				\$0
16																				\$0
	T-SHIRT Sub Total			0	2	2	2	1	1	0	0	\$ Sub Total	\$300	\$90	\$45	\$0	\$30	\$0	\$0	\$465
	T-SHIRT From 2nd Page											\$ 2nd Page								
	T-SHIRT TOTAL ORDER			0	2	2	2	1	1	0	0	Total \$ Due	\$300	\$90	\$45	\$0	\$30	\$0	\$0	\$465
				YM	YL	AS	AM	AL	XL	2X	3X		Web	Adult	Dchief	Late\$	Sib	Late\$	XShrt	Total \$

Numbers of Campers: Webelos 1 (W1) 2 Adult (A) 2
 Webelos 2 (W2) 2 Den Chief (DC) 1 Sibling 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 _____