

____ June 21st - 25th ← Check one or the other or application cannot be processed → ____ July 12th - 16th

**Dulaney District Day Camp: 2010 100 Years of Scouting
Jr. CAMPER APPLICATION**

Note: All questions must be answered or forms will not be processed.

This Application is for children of all volunteers who are at least 2 years old and potty trained. Boys and girls must be under 14 years old. Jr. Campers can only attend camp on the days their parents are volunteering. They must be signed out by the volunteer at lunch and at day's end. All Jr. Campers must eat lunch with the volunteer.

Participant's Name: _____ **Nickname:** _____
Street Address: _____
City/State: _____ **Zip Code:** _____
Home Phone (_____) _____ Birth date: _____ **Age:** _____

FOR STAFF USE ONLY

App. Number: _____
Amt. Paid: _____
Med. Form Rec'vd:

REGISTRATION COST: \$10.00 per day or \$40.00 per week. NO REFUNDS WILL BE MADE.

Attending: All Week Monday Tuesday Wednesday Thursday Friday

____ **My Son will be registered as a Tiger Cub Scout as of June 1, 2010**

Parent/Guardian Information:

Name: _____
Daytime Phone: (_____) _____
Relationship: _____
Email Address: _____

Emergency Contact (other than parent/guardian):

Name: _____
Daytime Phone: (_____) _____
Relationship: _____

T-Shirts: Only Jr. Campers attending 3 or more days will receive a FREE Day Camp Shirt. Additional shirts may be purchase for \$10 each.

Remember -- too large a shirt is better than too small!! If you make a mistake you must wear the shirt size chosen below.

Check (4) your child's shirt size below:

Youth Sizes: Small (6-8) Medium (10-12) Large (14-16)

Adult Sizes: Small Medium Large

Number of shirts: **1 FREE** shirt plus _____ additional shirts @ \$10.00/shirt = \$ _____

Payment Information

Registration:	\$
Add'l Shirts:	\$
Total for this form:	\$

Medical Information: (No one will be allowed in camp without this form!)

I have attached the required medical form to this registration. **Initial Here:** _____.

Make **one check** for the entire family payable to **BSA/BAC** and attach the check to the **Dulaney Day Camp Family Tally Sheet**. Attach all Individual Application Forms, Medical Forms, and copies of Certification Cards together.

Parent/Guardian Signature & Date: _____