PACK #:

CUB SCOUT TWILIGHT CAMP PACK REGISTRATION FORM CUB SCOUTS

Pack Contact: _____ Phone: _____

E-Ma	ail:					
	NAME	LEVEL	SHIRT SIZE	EXTRA SHIRT	AMOUNT PAID	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
Please make sure ALL paperwork is included: Registration forms Medical Form A & B Copy of Medical Insurance Card front and back.			□ H. □ W	□ Water Bottle □ Bug repellent		
Please remind both volunteers and scouts NO OPENED TOED SHOES. # Cub Scouts Early bird fee by 5/24/19 x \$65.00 = \$						