

PACK	WEEK	CAMP	SITE

**PLEASE PRINT CLEARLY OR TYPE**

**THIS FORM MUST BE ACCOMPANIED BY A PACK REGISTRATION FORM**

**2 COPIES NEEDED AT CHECK-IN**

	ADULT LEADERS (OVER 18) NAME	EMAIL ADDRESS	CONTACT PHONE NUMBER	BIRTH DATE	AMOUNT DUE	AMOUNT PAID
<b>IN CHARGE</b>						
2						
3						
4						
5						
6						

	NAME	HOME PHONE NUMBER	AGE	RANK	HOME UNIT		AMOUNT DUE	CAMPERSHIP	DISCOUNT	PAYMENT	BALANCE DUE
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
	<b>TOTAL (LAST PAGE ONLY)</b>										

**PLEASE COMPLETE A DIFFERENT FORM FOR EACH SESSION – USE ADDITIONAL SHEETS AS NEEDED  
INCOMPLETE FORMS WILL NOT BE PROCESSED!**

**THIS FORM MUST BE ACCOMPANIED BY THE PACK SUMMER CAMP REGISTRATION FORM**

UNIT LEADER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PAGE \_\_\_\_\_ of \_\_\_\_\_