



# 2017 Cub Scout Family Weekend Application

## ELK LICK SCOUT RESERVE

(Parents - this form can be sent directly to the Council Service Center with payment)

Parent Name \_\_\_\_\_ Pack # \_\_\_\_\_  
Please Print

Boys Name \_\_\_\_\_ Rank as of 7/1/2017 \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Zip

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Phone: Day Time \_\_\_\_\_ Evening \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

July 29 - 30, Cub Scout Family Camp  
(\$90 a couple, \$80 if by June 1)

Additional Persons (\$40 each)  
*No further discount available*

Attending with Pack # \_\_\_\_\_



Check or Money Order

Visa

MasterCard

American Express

Account #

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Exp. Date

Camp Fee	_____
Discount	_____
Total Due	_____
Payment Amount	_____
Balance Due	_____
Other	_____
<b>Office Use Only</b>	