Adult 2001 Registration

Session 7A - AM Cub / 7C - AM Webelos Pack#

Last Name			7B - PM Cub / 7D - PM Webelos	
Email Address Address Address an energipmy who else should be notified? This must be a local person who can pick you up if needed. Name Relationship Daytime Phone () Name Relationship Daytime Phone () List all of your children who will attending this day camp (Campers, Tot Lot and Youth) Age Camper/Tot/Youth Name Age Camper/Tot/Youth Name Age Camper/Tot/Youth Name YES NO No Tues Wed Thurs Fri No Provide for adults volunteering 3 - 5 days. Please circle ADULT size: Medium Large XL XXL Addrinona e	Please Print		Camp Location <u>O'Neill Park</u> Camp Date <u>6/25 - 29/2001</u>	
Email Address	Last Name	First	Home Phone ()	
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agree to follow all BSA Standards for adult volunteers at Day Camp. I will be at camp on the days indicated.	•.g. atar		Ped.	
Date: Signature of Adult Volunteer:				