

Adult 2001 Registration

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

7B - PM Cub / 7D - PM Webelos

Please Print

Camp Location O'Neill Park Camp Date 6/25 - 29/2001

Last Name _____ First _____ Home Phone () _____

Email Address _____

Address _____

In an emergency 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)

Name _____ Age ____ Camper/Tot/Youth Name _____ Age ____ Camper/Tot/Youth

Name _____ Age ____ Camper/Tot/Youth Name _____ Age ____ Camper/Tot/Youth

I volunteer for all five days of Cub Day Camp ____ YES ____ NO

If NO, I can work the following Day(s) Mon Tues Wed Thurs Fri

One T-shirt is provided for adults volunteering 3 - 5 days.

Please circle ADULT size: Medium Large XL XXL

Additional shirts may be purchased.

Are you a registered Scouter? _____ YES ____ NO

Are you Youth Protection Trained? _____ YES ____ NO

Have you worked with children in a group situation? _____ YES ____ NO

Have you taken Cub/Scout Leader Training _____ YES ____ NO

Have you previously worked a Cub Scout Day Camp?..... YES ____ NO

Are you CPR/First Aid Trained ____ YES ____ NO

If YES ____ Standard ____ Level 1 ____ Level II Exp. Date _____

If YES ____ Child/Infant ____ Adult ____ Both Exp. Date _____ Registered Nurse? YES ____ NO ____

Class 1 Personal Health & Medical History

Annually by all participants. To be filled out by Parent or Guardian. Please print in

ink.

Health/Accident Ins. Carrier _____ Policy # _____

Check all items that apply , past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, Medicines, Insects, Plants YES NO

GENERAL INFORMATION: Asthma YES NO High blood pressure YES NO Cancer/Leukemia YES NO

Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizures YES NO

Other (Explain) _____

List any medications to be taken at camp _____

List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.: _____

List physical/behavior conditions that may affect or limit participation (swim, backpack, long distance hikes, strenuous physical game play) _____

Immunizations (give date of last inoculation): Tetanus toxoid ____ Measles ____ Polio ____ Diphtheria ____ Mumps ____ Pertussis ____ Rubella ____ Other ____

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me, if an adult).

Date: _____ Signature of Adult/Parent/Guardian: _____

I agree to follow all BSA Standards for adult volunteers at Day Camp. I will be at camp on the days indicated.

Date: _____ Signature of Adult Volunteer: _____

Cub 2001 Registration

Session 7A - AM Pack# _____

7B - PM

Please Print

Camp Location O'Neill Park Camp Date 6/25 - 29/2001

Last Name _____ First _____ Home Phone () _____

Rank in the fall _____ Grade in the fall _____

Email Address _____

Mother's Name _____ Daytime Phone () _____

Father's Name _____ Daytime Phone () _____

Address _____

In case Parents or Guardians cannot be reached, in an emergency who else should be notified? This must be a local person who can pick the camper up if needed.

Name _____ Relationship _____ Daytime Phone () _____

Name _____ Relationship _____ Daytime Phone () _____

Is there anyone who **cannot** pick up your child from day camp?

Name(s) _____

One T-Shirt is provided each camper. Additional T-Shirts can be purchased.

Please circle size: Youth-Large Adult-Small A-Medium A-Large

Please remember that BSA Camp Standards state that there **MUST** be a 4:1 Parent to Camper ratio every day. This requires that each Pack/Den provide appropriate coverage for their campers each session each day.

Many Packs/Dens require that each parent volunteer at least one day per child attending camp. Please indicate the day this child's parents have volunteered to participate? Yes No Days: M T

W T F

Camp Fees and Discounts

Camp Fee \$80

Paperwork in by Scout-O-Rama (\$10 Discount) -

I am Volunteering 3-5 days (\$10 Discount for one Camper) -

My Unit is a Founders Unit (\$4 Discount) -

OOPS! Paperwork did not make it to the Camp Registrar or Council by June 15th (\$20 Late Fee)+

Total Due: \$Please **Do Not** mail registrations after June 15th, Turn them in directly to the Camp Registrar or the Council Office.Campership form turned into Council on _____ For consideration. A **NONREFUNDABLE** \$40 Deposit can hold your place.

Class 1 Personal Health & Medical History

Annually by all participants. To be filled out by Parent or Guardian. Please print in ink.

Health/Accident Ins. Carrier _____ Policy # _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, Medicines, Insects, Plants YES NO

GENERAL INFORMATION: Asthma YES NO High blood pressure YES NO Cancer/Leukemia YES NO

Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizures YES NO

Other (Explain) _____

List any medications to be taken at camp _____

List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.: _____

List physical/behavior conditions that may affect or limit participation (swim, backpack, long distance hikes, strenuous physical game play) _____

Immunizations (give date of last inoculation): Tetanus toxoid ___ Measles ___ Polio ___ Diphtheria ___ Mumps ___ Pertussis ___ Rubella ___ Other _____

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me, if an adult).

Date: _____ Signature of Adult/Parent/Guardian: _____

California Penal Code Section 12552 Furnishing firearms to Minors under 18 without permission of parent. Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. I give my permission for the above child to use a firearm as described above.

I give my permission for this child to participate in the following Day Camp Activities at his Day Camp (please circle and sign.)

Archery: YES NO Signature of Adult/Parent/Guardian: _____

BB Guns: YES NO Signature of Adult/Parent/Guardian: _____

Office Use only Check # _____ Name on Check _____ Date _____

Medical Form filled out: YES NO Registered BSA member: YES NO

Circle All That Apply: Deposit Paid in Full Payment Multiple payments (Other Campers paid on the check) _____

Amount Paid: \$
Amount Owed: \$

Tot Lot 2001 Registration

Session 7A - AM Pack#

7B - PM

Camp Location O'Neill Park Camp Date 6/25 - 29/2001

Parents who volunteer to work at Day Camp may register their preschool children (3-10 years of age and potty trained) in the Tot Lot Unit which will be held on site during Day Camp hours. Parents are only allowed to use these child care arrangements while they are working at Day Camp. The Tot Lot is closed at meal times.

NOTE: To enroll your child in the Tot Lot, you must volunteer one hour in the Tot Lot on each day your child is enrolled.

Please fill out one form per child enrolled in Tot Lot.

Please Print

Last Name _____ First _____ Home Phone () _____

Email Address _____

Mother's Name _____ Daytime Phone () _____

Father's Name _____ Daytime Phone () _____

Address _____

In case Parents or Guardians cannot be reached, in an emergency who else should be notified? This must be a local person who can pick the camper up if needed.

Name _____ Relationship _____ Daytime Phone () _____

Name _____ Relationship _____ Daytime Phone () _____

Is there anyone who **cannot** pick up your child from day camp?

Name(s) _____

Tot Camper Information	Birth date _____	Age _____	Sex: Female	Male	
Days this child will be in the Tot Lot:	Mon	Tues	Wed	Thurs	Fri
Days parents will be volunteering in camp:	Mon	Tues	Wed	Thurs	Fri

Class 1 Personal Health & Medical History

Annually by all participants. To be filled out by Parent or Guardian. Please print in ink.

Health/Accident Ins. Carrier _____ Policy # _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, Medicines, Insects, Plants YES NO _____

GENERAL INFORMATION: Asthma YES NO High blood pressure YES NO Cancer/Leukemia YES NO

Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizures YES NO

Other (Explain) _____

List any medications to be taken at camp _____

List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.: _____

List physical/behavior conditions that may affect or limit participation (swim, backpack, long distance hikes, strenuous physical game play)

Immunizations (give date of last inoculation): Tetanus toxoid ___ Measles ___ Polio ___ Diphtheria ___ Mumps ___ Pertussis

Rubella ___ Other _____

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me, if an adult).

Date: _____ Signature of Adult/Parent/Guardian: _____ 

I give my permission for this child to participate in the tot lot and I will volunteer a minimum of one hour in the Tot Lot on the days my child is present.

Date: _____ Signature of Adult/Parent/Guardian: _____ 

Webelos 2001 Registration

Session 7C - AM Pack#

7D - PM

Please Print

Camp Location O'Neill Park Camp Date 6/25 - 29/2001

Last Name _____
First _____
Home Phone () _____
Rank in the fall _____ Grade in the fall _____
Email Address _____
Mother's Name _____ Daytime Phone () _____
Father's Name _____ Daytime Phone () _____
Address _____

In case Parents or Guardians cannot be reached, in an emergency who else should be notified? This must be a local person who can pick the camper up if needed.

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

Is there anyone who **cannot** pick up your child from day camp?

Name(s) _____

One T-Shirt is provided each camper. Additional T-Shirts can be purchased.

Please circle size: Youth-Large Adult-Small A-Medium A-Large

Please remember that BSA Camp Standards state that there MUST be a 4:1 Parent to Camper ratio every day. This requires that each Pack/Den provide appropriate coverage for their campers each session each day.

Many Packs/Dens require that each parent volunteer at least one day per child attending camp. Please indicate the day this child's parents have volunteered to participate? Yes No Days: M T W
T F

Camp Fees and Discounts

Camp Fee \$80
Paperwork in by Scout-O-Rama (\$10 Discount) -
I am Volunteering 3-5 days (\$10 Discount for one Camper) -
My Unit is a Founders Unit (\$4 Discount) -
OOPS! Paperwork did not make it to the Camp Registrar or Council by June 15th (\$20 Late Fee)..... +

Total Due: \$

Please **Do Not** mail registrations after June 15th, Turn them in directly to the Camp Registrar or the Council Office.

Campership form turned into Council on _____ For consideration. A **NONREFUNDABLE** \$40 Deposit can hold your place.

Class 1 Personal Health & Medical History

Annually by all participants. To be filled out by Parent or Guardian. Please print in ink.

Health/Accident Ins. Carrier _____ Policy # _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, Medicines, Insects, Plants YES NO

GENERAL INFORMATION: Asthma YES NO High blood pressure YES NO Cancer/Leukemia YES NO

Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizures YES NO

Other (Explain) _____

List any medications to be taken at camp _____

List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.: _____

List physical/behavior conditions that may affect or limit participation (swim, backpack, long distance hikes, strenuous physical game play) _____

Immunizations (give date of last inoculation): Tetanus toxoid ___ Measles ___ Polio ___ Diphtheria ___ Mumps ___ Pertussis ___ Rubella ___ Other _____

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me, if an adult).

Date: _____ Signature of Adult/Parent/Guardian: _____

California Penal Code Section 12552 Furnishing firearms to Minors under 18 without permission of parent. Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. I give my permission for the above child to use a firearm as described above.

I give my permission for this child to participate in the following Day Camp Activities at his Day Camp (please circle and sign.)

Archery: YES NO Signature of Adult/Parent/Guardian: _____

BB Guns: YES NO Signature of Adult/Parent/Guardian: _____

Office Use only Check # _____ Name on Check _____ Date _____

Medical Form filled out: YES NO Registered BSA member: YES NO

Circle All That Apply: Deposit Paid in Full Payment Multiple payments (Other Campers paid on the check) _____

Amount Paid: \$

Amount Owed: \$

Youth Volunteer 2001 Registration

Session 7A - AM Pack#

7B - PM Troop#

Please Print

Last Name _____ First _____ Home Phone () _____
Email Address _____
Mother's Name _____ Daytime Phone () _____
Father's Name _____ Daytime Phone () _____
Address _____

In case Parents or Guardians cannot be reached, in an emergency who else should be notified? This must be a local person who can pick the camper up if needed.

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

Is there anyone who **cannot** pick up your child from day camp?

Name(s) _____

Youth Information Birth date _____ Age _____ Grade in Fall _____ BSA/GSA Rank _____ BSA/GSA Troop# _____ Do you know of any reason why you should not be able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? _____ Yes _____ No If YES, what accommodations might be necessary? _____ Have you worked with children in a group situation? _____ Yes _____ No Have you previously worked a Cub Scout Day Camp? _____ Yes _____ No Please indicate your activity preferences – List first (1) through last. _____ Games _____ Crafts _____ Outdoor Cooking _____ Sports _____ Nature _____ Den Chief _____ Aquatics _____ Wood Crafts Special Skills or Talents _____
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One T-Shirt is provided youth Volunteering 3-5 days. Additional T-Shirts can be purchased. Please circle size: Youth-Large Adult-Small A-Medium A-Large

I volunteer for all five days of Cub Day Camp _____ YES _____ NO If NO, I can work the following Day(s) Mon Tues Wed Thurs Fri I agree to follow all BSA Standards for Day Camp. I will be at camp on the days indicated and I understand that my Day Camp Assignment will be rotated. I will volunteer in all camp areas to the best of my ability. Date: _____ Signature of Youth Volunteer: _____

Class 1 Personal Health & Medical History Health/Accident Ins. Carrier _____ Policy # _____ Check all items that apply, past or present, to your health history. Explain any "Yes" answers. ALLERGIES: Food, Medicines, Insects, Plants YES NO _____ GENERAL INFORMATION: Asthma YES NO High blood pressure YES NO Cancer/Leukemia YES NO _____ Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizures YES NO _____ Other (Explain) _____ List any medications to be taken at camp _____ List equipment, i.e. wheel chair, braces, glasses, contact lenses, etc.: _____ List physical/behavior conditions that may affect or limit participation (swim, backpack, long distance hikes, strenuous physical game play) _____ Immunizations (give date of last inoculation): Tetanus toxoid ___ Measles ___ Polio ___ Diphtheria ___ Mumps ___ Pertussis ___ Rubella ___ Other _____ I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates. IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me, if an adult). Date: _____ Signature of Adult/Parent/Guardian: _____ California Penal Code Section 12552 Furnishing firearms to Minors under 18 without permission of parent. Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. I give my permission for the above child to use a firearm as described above. I give my permission for this child to participate in the following Day Camp Activities at his Day Camp (please circle and sign.) Archery: YES NO Signature of Adult/Parent/Guardian: _____ BB Guns: YES NO Signature of Adult/Parent/Guardian: _____
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Youth Volunteers must be 11 years old or entering 6th grade in September 2001. Boys and Girls are WELCOME.

Day Camp 2001 – Adult Volunteer Roster

Pack # _____

Pack Coordinator _____ Phone # () _____

Session # 7A - AM Cubs / 7C - AM Webelos

Email Address _____

7B - PM Cubs / 7D - PM Webelos

District Saddleback

Camp Location: O'Neill Park

Camp Date: 6/25 - 29/2001

Adult to Camper 1:4 coverage? YES NO

Adults volunteering 3-5 days get a \$10 discount for one camper and a free T-Shirt

Office Use Only	Adult Volunteer	Phone #	Days Volunteering	Num of Days	T-Shirt Size Adult
	1		M T W TH F		S M L XL XXL
	2		M T W TH F		S M L XL XXL
	3		M T W TH F		S M L XL XXL
	4		M T W TH F		S M L XL XXL
	5		M T W TH F		S M L XL XXL
	6		M T W TH F		S M L XL XXL
	7		M T W TH F		S M L XL XXL
	8		M T W TH F		S M L XL XXL
	9		M T W TH F		S M L XL XXL
	10		M T W TH F		S M L XL XXL
	11		M T W TH F		S M L XL XXL
	12		M T W TH F		S M L XL XXL
	13		M T W TH F		S M L XL XXL
	14		M T W TH F		S M L XL XXL
	15		M T W TH F		S M L XL XXL
	16		M T W TH F		S M L XL XXL
	17		M T W TH F		S M L XL XXL
	18		M T W TH F		S M L XL XXL

Each Pack MUST provide one adult for every four campers attending camp every session every day. 5 campers means 2 adults.

Please help us provide the BEST experience for every Cub, we must have the proper adult coverage to do this.

Orange County Council BSA offers the finest 100% Volunteer Day Camp in the country **Thanks to you.**

Day Camp 2001 – Cub Scout Roster

Pack # _____

Pack Coordinator _____ Phone # () _____

Session # 7A – AM / 7B - PM

Email Address _____

District Saddleback

Camp Date: 6/25 - 29/2001

Adult Coverage 1 to 4 Ratio each session? Yes / No

Founder's Unit: Yes / No

Camp Location: O'Neill Park

Office Use Only	Camper's Name	Phone #	Rank <small>(As of 9/01)</small>	T-Shirt Size	Adult Volunteer	# Adult Days	Camp Fee	Deposit	Balance Due	Balance Paid	Date Paid
	1		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	2		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	3		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	4		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	5		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	6		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	7		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	8		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	9		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	10		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	11		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	12		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	13		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	14		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	15		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	16		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	17		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				
	18		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60				

Camp Fees and Discounts:

1. Discount \$4 for Units earning Founder's Award, (no restrictions on date turned into Council Office).
2. Discount \$10 if Parent is Volunteering 3 or more days, (no restrictions on date turned into Council Office).
3. Discount \$10 if completed paperwork is turned into Council before Scout-O-Rama, (May 12, 2001).
4. Late Fee \$20 if completed paperwork is turned in after June 15th.

Amount Received _____

Date Received _____

Balance Due _____

Date Paid IN FULL _____

Day Camp 2001 – Tot Lot Roster

Pack # _____

Pack Coordinator _____ Phone # () _____

Session # 7A - AM

Email Address _____

7B - PM

District Saddleback

Camp Location O'Neill Park

Camp Date: 6/25 - 29/2001

Office Use Only	Camper's Name	Phone #	Adult Volunteer	# Adult Days	Camp Days	Num Days	Male or Female
	1				M T W TH F		
	2				M T W TH F		
	3				M T W TH F		
	4				M T W TH F		
	5				M T W TH F		
	6				M T W TH F		
	7				M T W TH F		
	8				M T W TH F		
	9				M T W TH F		
	10				M T W TH F		
	11				M T W TH F		
	12				M T W TH F		
	13				M T W TH F		
	14				M T W TH F		
	15				M T W TH F		
	16				M T W TH F		
	17				M T W TH F		
	18				M T W TH F		
	19				M T W TH F		

TOT LOT FEES:

1: 45 Minutes of service by the parent in the Tot Lot each day.

2: The Tot Lot is available to Volunteering Parents only on the day volunteered to work in Camp.

Day Camp 2001 – Webelos Scout Roster

Pack Coordinator _____ Phone # () _____

Email Address _____

Session # 7C - AM

Pack # _____

7D - PM

Camp Date: 6/25 - 29/2001

Camp Location: O'Neill Park

Adult Coverage 1 to 4 Ratio each session? Yes / No

District Saddleback
Founder's Unit: Yes / No

Office Use Only	Camper's Name	Phone #	Rank <small>(As of 9/01)</small>	T-Shirt Size	Adult Volunteer	# Adult Days	Camp Fee	Deposit	Balance Due	Balance Paid	Date Paid
	1		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	2		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	3		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	4		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	5		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	6		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	7		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	8		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	9		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	10		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	11		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	12		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	13		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	14		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	15		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	16		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	17		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	18		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				

Camp Fees and Discounts:

- 1. Discount \$4 for Units earning Founder's Award, (no restrictions on date turned into Council Office).
- 2. Discount \$10 if Parent is Volunteering 3 or more days, (no restrictions on date turned into Council Office).
- 3. Discount \$10 if completed paperwork is turned into Council before Scout-O-Rama, (May 12, 2001).
- 4. Late Fee \$20 if completed paperwork is turned in after June 15th.

Amount Received _____

Date Received _____

Balance Due _____

Date Paid IN FULL _____

Day Camp 2001 – Youth Volunteer Roster

Unit # _____

Pack Coordinator _____ Phone # () _____

Session # 7A - AM

Email Address _____

7B - PM

District Saddleback

Camp Location: O'Neill Park

Camp Date: 6/25 - 29/2001

Office Use Only	Youth Volunteer	Rank	Grade in Fall	Phone #	Days Volunteering	Num of Days	T-Shirt Size Adult
	1				M T W TH F		S M L XL XXL
	2				M T W TH F		S M L XL XXL
	3				M T W TH F		S M L XL XXL
	4				M T W TH F		S M L XL XXL
	5				M T W TH F		S M L XL XXL
	6				M T W TH F		S M L XL XXL
	7				M T W TH F		S M L XL XXL
	8				M T W TH F		S M L XL XXL
	9				M T W TH F		S M L XL XXL
	10				M T W TH F		S M L XL XXL
	11				M T W TH F		S M L XL XXL
	12				M T W TH F		S M L XL XXL
	13				M T W TH F		S M L XL XXL
	14				M T W TH F		S M L XL XXL
	15				M T W TH F		S M L XL XXL
	16				M T W TH F		S M L XL XXL
	17				M T W TH F		S M L XL XXL
	18				M T W TH F		S M L XL XXL
	19				M T W TH F		S M L XL XXL

Youth Volunteers must be 11 years old or entering 6th grade in September 2001. Boys and Girls are WELCOME.