



SpaceQuest: Out of This World
2010 Cub Scout Resident Camp at Kirby
Bucks County Boy Scouts, BSA
Adult Registration

Please use a separate form for each adult and each session

Pack # _____ District _____ Council _____

Pack Coordinator _____ Phone # _____

Adult Camper Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____ Email _____

Emergency contact person/phone _____ / _____

Physician name/phone # _____ / _____

Insurance name _____ Policy # _____

Please complete the appropriate health form for your session. All adults **attending for three nights or less need Parts A and C only**. They do not need a physical exam or doctor signature. Adults **attending** for four nights need **Parts A, B and C**, including a physical exam and signature of a licensed physician. **All individuals must bring a copy of their current physical to camp with them and not send it to the Council office.**

(See other side)

2010 Cub Scout Resident Camp

Adult Application Page 2

Pack # _____ Adult Camper Name _____

Are you an **overnight** or a **day** camper? Indicate: Day _____ Overnight _____

Session attending: (Check the **dates** of camping **nights** or **days** in the session attending):

Session	Thursday	Friday	Saturday	Sunday	Monday
1	7/15	7/16	7/17	7/18	7/19
2	7/22	7/23	7/24	7/25	7/26
3	7/29	7/30	7/31	8/1	8/2
4	8/5	8/6	8/7	8/8	8/9
5	8/12	8/13	8/14	8/15	

FEES

Paid by	March 6th	May 1 st	May 2 nd or later
2-nights at camp	\$60	\$70	\$80
Additional nights	\$30	\$35	\$40
For the day only (9AM:30-5PM)	\$30	\$35	\$40

Theme **T-shirt** order-\$**12.00**/shirt (Check the desired **number** and **size**):

Youth Medium _____	Adult Small _____	Adult Large _____	Adult XX Large _____
Youth Large _____	Adult Medium _____	Adult Extra Large _____	Adult XXX Large _____

T-shirts need to be ordered by **June 18th**

A limited supply may be available at the camp store.

All camp fees are non-refundable but transferable to another adult in the same Unit. Cancellation insurance may be purchased through TravMark by clicking on the TravMark logo www.ockanickon.org . Financial aid applications are available at the Council Service Center.

Session fee as of date paid _____
 Less \$25 deposit (if applicable) _____
 T-shirts @\$12.00 _____
Total paid _____

I give permission for any photos taken of me at Camp Kirby to be used for promotional purposes by Camp Kirby and Bucks County Council, BSA. I understand that Bucks County Council Camps have a "no refund" policy. I can purchase cancellation insurance through TravMark if I so choose.

Signature of adult camper

Date

Questions? Call the Bucks County Council Service Center at 215-348-7205 or contact Viviane Hopper, Camp registration, at vhopper@bsamail.org.