

CUB SCOUT CAMP-INS

2009-2010 REGISTRATION FORM

www.davinci-center.org



Date of Camp-In _____ Name of Camp-In Program _____

Pack or Den # _____

Name of Group Leader Attending Camp-In _____

Address _____ City _____ State _____ Zip Code _____

Phone (Day) _____ Phone (Evening) _____

E-Mail Address _____

Secondary Contact Name _____

Address _____ City _____ State _____ Zip Code _____

Phone (Day) _____ Phone (Evening) _____

E-Mail Address _____

Total Number of Scouts _____ Total Number of Adults _____

Number of Scouts Without Membership _____ @ \$45.00 each = \$ _____

Number of Scouts With Membership* _____ @ \$40.00 each = \$ _____

One (1) Leader Per Group _____ @ FREE = \$ _____

One (1) Co-Leader Per Group _____ @ FREE = \$ _____

Additional Chaperones Required for 1:5 Adult-to-Scout Ratio _____ @ FREE = \$ _____

Number of Adults Without Membership _____ @ \$35.00 each = \$ _____

Number of Adults With Membership* _____ @ \$30.00 each = \$ _____

** Members must submit photocopy of their membership card with registration form.*

Total Payment Due \$ _____

Deposit (25%) Due Upon Registration \$ _____

Balance - DUE 30 DAYS Before Camp-In \$ _____

Payment Method _____ Check (payable to "Da Vinci Science Center")

_____ Visa _____ MasterCard

Name on Card (Print) _____

Card Number _____ Exp Date _____

Signature _____ Date _____

For registration information, call 484.664.1002, Ext. 129. For program information, call 484.664.1002, Ext. 110.