

BOY SCOUT PROVISIONAL CAMPING

Individual Boy Sign Up Form 2009

Troop # _____ District _____

Council (if not SFBAC) _____

Scout's Name _____

Age _____ Rank _____

Address _____ Home (____) _____

City _____ Zip _____ Other (____) _____

Parent Business Phone (____) _____ Email _____

We approve the above individual as a participant in the Provisional Camping Program:

Signed _____
(Scoutmaster) (Parent/Guardian)

Please register this Scout for: Camp Royaneh Wente Scout Reservation

[] June 21-27 [] June 28-July 4 [] July 5-11 [] July 12-18
[] July 19-25 [] July 26-Aug 1 [] Aug 2-8-Wente [] Aug 9-15-Wente

REMEMBER TO BRING YOUR COMPLETED MEDICAL FORM WITH YOU TO CAMP

PAYMENT INFORMATION:

ROYANEH
In council:

WENTE
In Council:

Out of Council:

Out of Council:

Check enclosed made payable to: Boy Scouts of America
-or-

Charge my account: [] VISA [] MasterCard # _____ Exp _____

Print Name _____ Signature _____

Mail application to: SFBAC 1001 Davis Street, San Leandro, CA 94577. Attn: Camping Dept.