



EAGLE BAY CUB SCOUT DAY CAMP 2019
Superheroes

TOT LOT
REGISTRATION

Must be in Office by July 6

Pack Number of on-site Adult: _____

MUST BE 3 YEARS OLD AND POTTY TRAINED

Child's Last Name: _____ First Name: _____

Parents Last Name: _____ First Name _____

Email Address _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Special Instructions, Allergies or Accommodations Needed:

Sibling Attending Day Camp (not helping but actual camper) _____ Rank: _____

Training is required for all Walkers and Station Leaders. See back for training dates.

BSA Annual Health and Medical Form Parts A & B are required for all youth and adult participants!

There is no charge assigned to parent participants/ volunteers.

Parent at Day Camp:

Name _____ Relationship to child _____ Cell Phone # _____

Parent will be attending camp on the following days:

Wednesday _____ *Helping As* _____

Thursday _____ *Helping As* _____

Friday _____ *Helping As* _____

Parent at Day Camp: (Complete if more than one parent will be attending Day Camp)

Name _____ Relationship to child _____ Cell Phone # _____

Parent will be attending camp on the following days:

Wednesday _____ *Helping As* _____

Thursday _____ *Helping As* _____

Friday _____ *Helping As* _____

Day Camp Director: Mischele Cheek, 614-783-0051