



**EAGLE BAY CUB SCOUT DAY CAMP 2020**  
*Mystery at White Star Park*

**TOT LOT  
REGISTRATION**

**Must be in Office by June 27**

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**