



EAGLE BAY CUB SCOUT DAY CAMP 2021
Wild Wild West

**TOT LOT
REGISTRATION**

Must be in Office by June 30

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