

**Registration For Covered Bridge District Day Camp 2010**  
**Female Sibling Individual Application**  
**Day Camp will be June 7 – 11, 2010**  
**Must complete and attach Personal Health History Form**  
**PLEASE READ CAREFULLY AND FILL OUT COMPLETELY!**  
**Any female sibling who is currently in first grade or higher.**

**1. Personal Information**

Pack Number of Cub Scout (Sibling)	Sibling's Name:
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Street Address:

City, State, Zip Code:

E-Mail	
Home Phone:	Other Phone or Pager:

<b>In case of emergency notify:</b>	<b>Relationship:</b>
<b>Phone Number:</b>	<b>Other number or Pager:</b>

Birth Date (Month/Day/Year):	Are you a Girl Scout? Yes No
	What is your troop number?
Grade entering in 2010/2011 school year (Circle One): 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> Homeschool	
Cub Scout's name who is attending:	

T-Shirt Size: <b>SHIRT SIZES RUN "SMALL" ORDER LARGER THAN NORMAL</b> (Circle One Size – Each scout receives two t-shirts with paid registration. Additional t-shirts \$10)
Youth Medium Youth Large Youth XLarge Adult Small Adult Medium Adult Large Adult XLarge (6-8) (10-12) (14-16) (32-34) (36-38) (40-42) (44-46)

Any siblings or adult attending? If so, please give names here:

Any preference on scouts who **should not** be in his den? If so, list name here:  
*(No Guarantee but we will try)*

I give permission for my child to be photographed while at camp                      yes                      no

Guardian Signature \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE FORM**

2. List persons authorized to transport your scout (include your name if you will be transporting)

Name of Persons authorized	Drivers License Number & State	Relationship to Scout

3. Fees

Category	Fee Amount	Write Amount Here
<b>Registration</b> <i>(Must register by April 25, 2010)</i>	<b>\$95</b>	
<b>Late Registration</b> <i>(April 26 – May 2, 2010)</i> <b>NONE ACCEPTED AFTER MAY 2, 2010</b>	<b>\$145</b>	
<b>Additional T-shirts</b> <i>(Write size and quantity)</i>	<b>\$10/shirt</b>	
<b>Name of cub scout who is this child's sibling:</b>	<b>-\$10</b>	
<b>Total Discounts</b>		
<b>TOTAL</b>		

**BEFORE YOU SEND THIS APPLICATION, double-check the following:**

- I have filled out this registration information completely.
- Fully completed and signed medical/emergency form is completed for each Cub Scout.
- Camp T-shirt information is complete.
- I understand that my daughter will be assigned to a "camp den" consisting of girls of different ages. All of the girls in this den will be 1<sup>st</sup> grade through 5<sup>th</sup> grade
- Sibling registration and medical forms are completed and submitted with this scout's application (if applicable).
- I understand that applications and forms must be complete to be processed. *(Incomplete applications will not be processed)*
- Requested pick up authorization information is complete.
- Payment for correct amount is being mailed to the Business Manager.
- No scout will be excluded for reasons of ability to pay. Campership and partial campership awards are available. Contact the Camp Director or Business Manager for applications.
- Applications must be received by May 2, 2010

**Make Cub Scout Day Camp Checks Payable to: "Atlanta Area Council, BSA – Covered Bridge Day Camp "**

**Mail Checks, Registration forms, and medical/emergency forms to:**

Covered Bridge Day Camp Business Manager  
 2309 Alexander Farms Ct SW  
 Marietta, GA 30064

**You can send the application without the medical/emergency form, but the medical form must be received by May 2.**