The Pirate Adventure

CAMP WILLIAM B. SNYDER

WWW.GOTOSNYDER.ORG

2012

NATIONAL CAPITAL AREA COUNCIL, BSA

CAMP WILLIAM B. SNYDER 6100 ANTIOCH RD HAYMARKET, VA 20169

2012 CAMP WILLIAM B. SNYDER SUMMER CAMP REGISTRATION FORM

Cub Resident Camp Dates Friday at 12pm - Sunday at 4pm Overnight Camping	
Session 1	July 6 – July 8
Session 2	July 20 - July 22
Session 3	July 27 - July 29
Session 4	August 3 - August 5
Session 5	August 10 - August 12

Cub Adventure Days Monday - Thursday 9:00 am - 3:00 pm Day Only / Lunch Included	
Session 1	July 16 - July 19
Session 2	July 23 - July 26
Session 3	August 6 - August 9

Webelos Camp Monday at 8am - Thursday at 4pm Overnight	
Session 1	July 30 - August 2

2012 Summer Program Fees					
	Early Registration Discount Plan*	Paid in full by May 1	Paid in full by June 1	Paid in full after June 1	Adults**
Cub Resident Camp	$150	$160	$180	$200	$85
Adventure Days	$165	$175	$195	$215	$20
Webelos Camp	$200	$210	$230	$250	$50

*Early Registration Plan: To qualify a $50 deposit per Scout must be received by February 1, 2012 and balance of fees paid in full by May 1, 2012.
**One (1) Adult can attend at no cost for every eight (8) Scouts that register as a Pack.

PLEASE TYPE OR PRINT CLEARLY ALL REGISTRATION INFORMATION

Point of Contact: _____ Pack Number: _____Parent _____ Leader____

Council: _____ District: _____

Address: _____ City: _____ St: ____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ (very important)

*The Point of Contact listed above should be the adult leader or parent who plans on attending camp. This individual will receive all future correspondence pertaining to summer camp updates.

REGISTER ONLINE AT: www.GoToSnyder.org

Event you are registering for: Cub Resident Camp___ Cub Adventure Days___ Webelos Camp___

Session you are registering for: 1 2 3 4 5

Total Number of Cub Scout Age Youth: _____ # of Tigers (Adventure Days Only)….._____

Total Number of Siblings (5yrs old or under): _____ # of Wolves……_____

Total Number of Adults……_____ # of Bears……_____

 # OF YOUTH_____ X $_____ = $_____ # of Webelos I……_____

 # OF ADULTS_____X $_____ = $_____ # of Webelos II……_____

TOTAL FEES INCLUDED: $_____ # of Siblings……_____

PAYMENT METHOD: ___CHECK ___CREDIT

CREDIT CARD #_____ - _____ - _____ - _____ EXP DATE:_____/_____ 3digit #_____*

SIGNATURE: _____ **COST CENTER: 1-6701-098-21**

*This number is found on the back of the card next to the signature box

Return with payments to: Camp William B. Snyder \ 6100 Antioch Road \ Haymarket, VA 20169 \ 571-248-4904