*National Capital Area Council presents*

# NCAC Day Camp 2009
# "SPACE…A Cub Scout Universe"

## INDIVIDUAL CUB SCOUT/SIBLING REGISTRATION FORM

(Completely fill out this form and give it back to your Day Camp Coordinator)

**Location of Day Camp**: _____

**Dates for Day Camp**: _____

First Name: _____Last Name: _____

Address:_____

Phone: _____Pack #:_____District: _____

Birthdate: ____/____/____ Adult Email_____

Rank as of **September 2009**: (**Circle One**) Tiger Cub Wolf Bear Webelos Sibling

**T-Shirt Size** (one included with youth registration): (**Circle One**) YM YL AS AM AL other____

Parent/Guardian Name: _____

Home Phone Number: (_____)_____Work Phone Number: (_____)_____

| FEE SCHEDULE: | Registered by April 10, 2009 | $ 140.00 |
|---|---|---|
| **(Circle One)** | Registered through May 22, 2009 | $ 160.00 |
| | Registered after May 22, 2009 | $ 185.00 |

(NOTE: Registration for individual camps closes at 5pm on Thursday before the first day of camp. There will be **no** on-site registrations accepted)

Camp Registration Fee (see schedule above) $_____

**Extra** T-Shirts ($10.00 each) YM___YL ___AS ___AM __AL ___ AXL__ $_____
NOTE: Extra shirts *must* be **pre-ordered**; each camper will receive one free shirt w/ registration

Larger Adult Sizes ($12.00 each) AXXL____ AXXXL____ $_____

(Registration and extra shirts = total payment) **TOTAL PAYMENT** $_____

**Refund Policy:** All but 15% of an individual fee **may** be refundable, under certain circumstances (**documentation** of sickness, death in family, summer school or relocation only) but must be requested in writing and received at the Marriott Scout Service Center, 9190 Rockville Pike, Bethesda, MD 20814 **no later than 15 days after the end of your camp.** Refunds will be processed through your pack.
**Fees:** are transferable to another Scout or to another camp **ONLY** with prior council approval. All dates for discounted fees are FIRM dates and not subject to change or interpretation.