

BOY SCOUT PROVISIONAL CAMPING

Individual Boy Sign Up Form 2018

Troop # _____ District _____ Council (if not SFBAC) _____

Scout's Name _____ Age _____ Rank _____

Address _____ Home (____) _____

City _____ Zip _____ Other (____) _____

Parent Business Phone (____) _____ Email _____

We approve the above individual as a participant in the Provisional Camping Program:

Signatures Required _____
(Scoutmaster) (Parent/Guardian)Please register this Scout for: ☐ Camp Royaneh ☐ Wente Scout Reservation

<input type="checkbox"/> June 17-23	<input type="checkbox"/> June 24-30	<input type="checkbox"/> July 1-7	<input type="checkbox"/> July 8-14
<input type="checkbox"/> July 15-21	<input type="checkbox"/> July 22-28	<input type="checkbox"/> July 29-Aug 4 (Wente only)	

REMEMBER TO BRING YOUR COMPLETED MEDICAL FORM WITH YOU TO CAMP**PAYMENT INFORMATION:****ROYANEH****In council:** \$435 before March 16, 2016, **\$465 after****Out of Council:** \$465 before March 16, 2016, **\$495 after****Add \$30 late fee after May 24, 2018****WENTE****In Council:** \$435 before March 16, 2016 **\$465 after****Out of Council:** \$465 before March 16, 2016 **\$495 after****Add \$30 late fee after May 24,, 2018**☐ Check enclosed made payable to: Boy Scouts of America
-or-☐ Charge my account: ☐ VISA ☐ MasterCard # _____ Exp _____

Print Name _____ Signature _____

Mail application to SFBAC, 1001 Davis Street, San Leandro, CA 94577. Attn: Camping Dept.

SFBAC REFUND POLICY APPLIES