

2009 Webelos Adventure Camp Adult Registration Roster

Pack No. _____

District (Please circle):

- Golden Gate
- Mission Peak
- Peralta
- Tres Ranchos
- Twin Valley

-OR- Council (if outside of SFBAC)

Pack Camp Representative:

Name _____

Address _____

Home () _____ Other () _____

Email _____

Name _____

Address _____

City _____

Home () _____

Other () _____

Email _____

Circle days you will attend
M T W Th F

Name _____

Address _____

City _____

Home () _____

Other () _____

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Circle days you will attend
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City _____

Home () _____

Other () _____

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Circle days you will attend
M T W Th F