

Santa Clara County Council  
970 W Julian Street  
San Jose CA 95126

**Cub Scout – Webelos Scout  
Junior Camper Registration**  
2010 Registration Form—ONE PER SIBLING

Boy Scouts of America  
Tel 408.280.5088  
Fax 408.280.5162  
www.scccbsa.org/cubcamp

Email: cubcamp@scccbsa.org

For non-Scouts who are toilet trained and whose parent/guardian is present at camp. Additional requirement may need to be met at the outlying camps and we recommend you check with your camp's director for details.

Pack# \_\_\_\_\_ District \_\_\_\_\_

Council \_\_\_\_\_

Youth Information      Circle gender: Male Female

In Camp Parent / Guardian Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Day (\_\_\_\_) \_\_\_\_\_ Eve. (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Parents: I will be at camp the entire time my son/daughter is present in the Tot Lot. I understand I am not allowed to bring anyone else's child. I understand that I must provide an Annual Medical Record with Parts A & C completed to be turned in the day I check-in to camp. Junior Campers are not covered by BSA insurance. I have or will check with the camp's director for any additional details. There may be a nominal fee for this service.

Signature of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Payment Details:**

\_\_\_\_ Check enclosed in the amount of \$ \_\_\_\_\_ (payable to SCCC BSA)

\_\_\_\_ Please bill credit card number: \_\_\_\_\_ for \$ \_\_\_\_\_

(circle one) Visa MasterCard Discover Expire Date: \_\_\_\_/20\_\_\_\_

Signature of cardholder \_\_\_\_\_

Printed name of cardholder \_\_\_\_\_

**Office Use:**

Received Date \_\_\_\_\_

Reservation No. \_\_\_\_\_

Deposit paid \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Clerk \_\_\_\_\_

