

2009 Cub-Parent Weekend Registration Form

Cub World at Schiff Scout Reservation -- Wading River, Long Island

<input type="checkbox"/> July 10-12 Iroquois District <input type="checkbox"/> July 17-19 Shelter Rock District <input type="checkbox"/> July 24-26 Rough Rider District	<input type="checkbox"/> Jul 31-Aug 2 Rough Rider District <input type="checkbox"/> Aug. 7-9 Pequott District
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Check Weekend Desired

Note: Each District must sign up for their own District. After June 1st, you may register for any District's weekend in which space is available.

Price: PER PERSON - \$48.00 EACH (Cub Scout & Parent each pay \$48.00), includes meals, patch, T-Shirt & craft. (craft is for Cub Scout only)
NO SIBLINGS OR BOY SCOUTS ALLOWED.

In compliance with the Americans with Disabilities Act, the Theodore Roosevelt Council, BSA, will make all reasonable efforts to accommodate persons with disabilities at camp. Please call 516-797-7600 with your request.

Pack No.	District
Please send me _____ Passports for my Pack. Enclosed is our check for \$ _____ Made payable to: Theodore Roosevelt Council, BSA Mail or bring to: Theodore Roosevelt Council, BSA, 544 Broadway, Massapequa, NY 11758-5010	

We understand that each Cub Scout & parent/guardian participating must provide a health and medical record* signed by a parent/guardian (Class 1 is required for both scout & parent/guardian, regardless of age). The appropriate section of the form must be signed by the parent/guardian, if a surrogate parent is attending with the Cub Scout.

*The Cub-Parent Weekend staff will require these medical forms to be submitted upon arrival at camp.

If you have specific dietary requirements for campers in your unit, please attach a note to this form. **NO KOSHER MEALS available.**

Names of Scouts		PAID	Names of Adults		PAID
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		

Council Refund Policy: Refund requests must be made in writing to the council service center at least two weeks prior to the start of the weekend, accompanied by the passports for which the refund is requested. If the request and passports are received less than two weeks prior to the start of the weekend, but before the Friday of the weekend, the maximum refund will be 50%. All refunds will be made payable to the pack or person on receipt.

Note: Cubmaster Certification: I certify that all of the above are Tiger Cubs, Cub Scouts, or Webelos Scouts and understand that any that are not will be required to leave camp. I further certify that all adults attending have been advised that the use or possession of alcoholic beverages, controlled substances or firearms will result in their being required to leave camp.

Signed _____ (Cubmaster)

Mail Passports & Medical Forms to: _____

Address _____ Town _____ ZIP _____

Bus. Tel. _____ Home Tel. _____ **1-6701-002-21**