Cub Scout Camp-in Program Registration Form



Pre-registration is required. Individuals may register only if their den or pack is not attending that particular program.

Iroop, Den, or Pack #	<u> </u>			
Name of Group Lead	er Attending Camp-in Progra	m		
Address		City	State	Zip Code _
Phone (Day)		Phone (Evening)		
E-Mail Address				
Secondary Contact N	ame			
Address		City	State	Zip Code
Phone (Day)		Phone (Evening)		
E-Mail Address				
Total Number of Scot	uts Total N	Number of Adults		
Level(s) of Scouts (ch	neck all that apply): Tige	ers Wolves Bear	s Webelos	
Number of Scouts Without Membership @ \$45.0			@ \$45.00 each =	\$
Number of Scouts With Membership* @ \$40.00 each			@ \$40.00 each =	\$
One (1) Leader Per Group @ FREE =			@ FREE =	\$
One (1) Co-Leader Per Group @ FREE =				\$
Additional Chaperones Required for 1:5 Adult-to-Scout Ratio @ FREE =				\$
Number of Adults Without Membership @ \$35.00 each			@ \$35.00 each =	\$
Number of Adults With Membership* @ \$30.00 each			@ \$30.00 each =	\$
Domino's Pizza	Large Cheese Pizza(s)	Large Pepperoni Pizza	(s) @ \$10.00 each =	\$
Total Payment Due				\$
Deposit (25%) Due Upon Registration				\$
Balance - DUE 30 DAYS Before Camp-in Program				\$
Payment Method	Check (payable to	"Da Vinci Science Center")		
	Visa N	MasterCard AMEX	Discover	
	Name on Card (Print) _			
	Card Number		Exp Date	e
	Card Security Code	Billing Zip Code _		
	Signature		Date	

For registration information, call 484.664.1002, Ext. 121. For program details, call 484.664.1002, Ext. 123, or write to scouts@davincisciencecenter.org.

^{*} Members must submit a copy of their Da Vinci Science Center membership card with registration.