

CAMP SAM WOOD

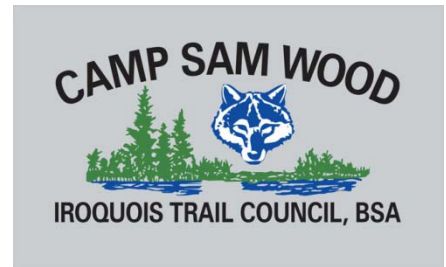


IROQUOIS TRAIL COUNCIL, BSA

Camp Sam Wood 2017 Resident Camp Registration Packet

- Fee Structure and Schedule
- Registration Check List
- Cub Scout Registration Form
- Adult/Den Chief Registration Form
- Youth Camp Roster
- Adult Camp Roster
- Opening Family Day Dinner Registration Form
- Pre-Order Adult Shirt & Hat Order Form

2017 Camp Sam Wood Resident Camp Fee Structure and Schedule



Weekday Sessions (Discounted Price)

Session 1: Tuesday, Aug 1 – Friday, Aug 4

Session 3: Tuesday, August 8 – Friday, August 11

Youth Fee

Early Bird Fee: \$50 deposit due by Feb. 22 & paid in full by May 5: **\$165**

On Time Fee: (if failed to pay \$50 deposit) paid in full by May 5: **\$175**

Full Fee: Any youth signed up after May 5: **\$185**

Adult Fee

*** Every adult attending camp is required to pay this fee* → \$70**

Weekend Sessions

Session 2: Friday, August 4 - Monday, August 7

Session 4: Friday, August 11 - Monday, August 14

Youth Fee

Early Bird Fee: \$50 deposit due by Feb. 22 & paid in full by May 5: **\$175**

On Time Fee: (if failed to pay \$50 deposit) paid in full by May 5: **\$185**

Full Fee: Any youth signed up after May 5: **\$195**

Adult Fee

*** Every adult attending camp is required to pay this fee* → \$75**

Den Chief Fee

Den Chiefs \$150

Early Bird Discount

★ Save up to \$25 per youth by participating in the Early Bird program! ★

Here's how to qualify!

- Must pay a \$50 non-refundable deposit per youth by February 22, 2017.
- Must pay the balance in full by May 5, 2017.

Registration Checklist for Cub Scout Resident Camp

Youth Camp Roster: due May 5, 2017 with payment

- Print full name of each youth, last name first and list **alphabetically**.
- Please include shirt size.
- Indicate whether or not the individual will be taking medication at camp or if there are food allergies.

Adult Camp Roster: due May 5, 2017 with payment

- Print full name of each adult, last name first and list **alphabetically**.
- Circle the days that each adult will be at camp.
- Write each adult's date of birth.
- Indicate whether or not the individual will be taking medication at camp or if there are food allergies.
- Indicate if an adult is CPR and/or First Aid Certified.

Registration Form (youth and adult): due May 5, 2017 with payment

- *Ensure there is a Parent/Guardian signature and date on each youth registration form.*
- If you are bringing a Den Chief, please use the youth registration form.
- Please indicate t-shirt size on each youth registration form.

Camp Sam Wood T-shirt Pre-Order Form: due May 5, 2017 with payment

- T-shirts are included in camp fees for youth only. Adults can use this form to pre-order shirts and/or hats. Please complete this form and submit with payment by Friday, May 5, 2017

Annual Health and Medical Record Form: due July 14, 2017 in office. **After July 14th, bring to camp**

- Every child and adult camping must return a completed and signed form.
- A new form is required each year.
- **Please have your Licensed Health Care Provider complete and sign/date Part C.**
- The Individual Medications Form is the last page; please complete one form for every child and adult attending.
 1. Indicate whether or not over-the-counter medications can be administered by the Camp Health Officer.
 2. Designate which over-the-counter medications you approve of.
 3. **Have your physician sign and date the Individual Medications Form.**
 4. *Parent/Guardian sign and date.*

Opening Day Family Dinner Ticket Order Form: due July 14, 2017

- Family is welcome to attend dinner on opening day.
- Use attached form to order tickets for family, siblings and friends that would like to attend.
- Complete this form and submit with payment no later than July 14, 2017.
- Only guests with tickets will be served dinner on opening day.



CUB SCOUT REGISTRATION FORM

CUB SCOUT RESIDENT CAMP 2017

IROQUOIS TRAIL COUNCIL – BOY SCOUTS OF AMERICA



Pack # _____

Session Selection (Check One)

_____ Session 1: August 1-4 _____ Session 2: August 4-7 _____ Session 3: Aug. 8-11 _____ Session 4: Aug. 11-14

Please Print

Scout's Name: _____ Birth date: _____

Den Chief: (circle one) Yes No Fall of 2017 Grade: (circle one) 1st 2nd 3rd 4th 5th

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Parent/Adult Partner is attending with Scout (circle one) Yes No If no; complete the information below:

Parent's Name: _____ Home Phone: _____

Cell/Work Phone: _____ Email: _____

Taking Medication at Camp: (circle one) Yes No

Food Allergies: (circle one) Yes No

If yes, please list _____

Emergency Contact Information:

Name: _____ Relationship _____ Phone: _____

PARENT AUTHORIZATION: My child _____ has my permission to attend the Iroquois Trail Council Camp, Camp Sam Wood. I authorize the Boy Scouts of America and Iroquois Trail Council to use my son's images in promotional publications, videos and its website and other Scouting events. I understand that transportation is my responsibility or the responsibility of the Pack Camp Coordinator. I give my permission for my child to be transported home by an adult from our pack. I understand that my child is to arrive at and leave camp with his Pack or me. If my son must arrive at or leave camp at any other time he must be checked in or out in person at the Camp Office. In case of an emergency the Camp Director will only release my son to the following adult that is not camping:

Name: _____ Relationship _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

This registration form must be accompanied by the Annual Health & Medical Record with parent/guardian signature and **physician signature**.

Camp T- Shirt

T-shirts are included in the camp fees for youth only. **Please circle the size needed:**

Youth sizes: size size chest chest chest chest chest
YM (6-8) YL (10-12) Adult sizes: S (34-36) M (38-40) L (42-44) XL (46-48) 2XL (50-52)



Iroquois Trail Council, Boy Scouts of America, 201 East Main Street, Batavia, NY 14020 585-343-0307 www.itcbsa.org

Name _____
Pack # _____



ADULT REGISTRATION FORM

CUB SCOUT RESIDENT CAMP 2017

IROQUOIS TRAIL COUNCIL – BOY SCOUTS OF AMERICA



Pack # _____

Session Selection (Check One)

____ Session 1: August 1-4 ____ Session 2: Aug. 4-7 ____ Session 3: Aug 8-11 ____ Session 4: Aug. 11-14

Please Print

Name: _____

Registered BSA Adult: (circle one) Yes No Date of Birth _____

Cell Phone: _____ Email: _____

Taking Medication at Camp: (circle one) Yes No Food Allergies: (circle one) Yes No
If yes, please list _____

Days at Camp: (circle all that apply) S M T W H F S

Check one:

My son(s) and I are attending camp with our Pack.

My son(s) name: _____

I am attending camp as an adult leader only and do not have a son in camp

This registration form must be accompanied by the Annual Health and Medical Form with **physician signature**.

Name _____
Pack # _____





YOUTH CAMP ROSTER

Pack# _____ Session# _____ Site _____

Camp Coordinator Name _____ Telephone _____

PRINT FULL NAME (Last Name First) LIST CUB SCOUTS ALPHABETICALLY	<i>T-Shirt Size</i>	<i>Food Allergies? Y/N</i>	<i>Taking Medication at Camp? Y/N</i>	<i>Scout Rank</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

CAMP SAM WOOD



IROQUOIS TRAIL COUNCIL, BSA

ADULT CAMP ROSTER

Pack# _____ Session# _____ Site _____

Camp Coordinator Name _____ Telephone _____

PRINT FULL NAME (Last Name First) LIST ADULTS ALPHABETICALLY	Days at Camp Circle all that apply	Date of Birth	Taking Medication at Camp? Y/N	Food Allergies? Y/N
1.	S M T W H F S			
2.	S M T W H F S			
3.	S M T W H F S			
4.	S M T W H F S			
5.	S M T W H F S			
6.	S M T W H F S			
7.	S M T W H F S			
8.	S M T W H F S			
9.	S M T W H F S			
10.	S M T W H F S			
11.	S M T W H F S			
12.	S M T W H F S			
13.	S M T W H F S			
14.	S M T W H F S			
15.	S M T W H F S			
16.	S M T W H F S			
17.	S M T W H F S			
18.	S M T W H F S			
19.	S M T W H F S			
20.	S M T W H F S			



**2017 Opening Day
Family Spaghetti Dinner
Registration Form**

Family members are invited to our Opening Day Family Dinner. Adults and siblings can be with their Cub during check-in, tour camp, meet our staff, and join us for a family dinner. Dinner will be served immediately following the flag ceremony at 6:00 PM.

The cost of the dinner will be \$6.00 per family visitor.

PRE-REGISTRATION IS REQUIRED

- ***Visiting Family Members should report directly to the Camp Office to sign in and to pick up their meal tickets.***
- ***Meal Tickets will only be given to visitors who have pre-paid.***
- ***Every effort will be made to accommodate walk-in visitors, but there is no guarantee that a meal will be available to them.***
- ***Meals will not be served to guests without a meal ticket.***

Please contact the Camp Director with any questions or concerns 585-343-0307

Please turn in this form and payment to Council by July 14.

2017 Camp Sam Wood

Opening Day

Family Dinner

Cub Scout Pack # _____	Date:	<u>Check One</u>	
		Session 1: Tuesday, August 1	<input type="checkbox"/>
		Session 2: Friday, August 4	<input type="checkbox"/>
		Session 3: Tuesday, August 8	<input type="checkbox"/>
		Session 4: Friday, August 11	<input type="checkbox"/>

Number of Visiting Family Members _____

X \$6.00 = _____

Total Amount Paid _____

***Please turn in this form and payment to Iroquois Trail Council by July 14
Call the Camp Director at 585-343-0307 for more info.***

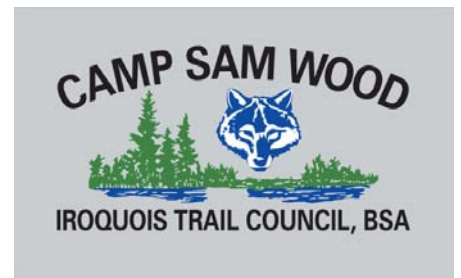
Camp Sam Wood 2017

Pre Order

Adult Leader T-Shirt / Hat Form

(youth camper t-shirts are included in the camp fee)

DUE DATE: Friday, May 5



CONTACT PERSON: _____

Phone Number: _____

E-Mail: _____

Cub Pack #: _____ Session attending: _____

T-Shirt: S-XL \$12.00

2XL – 4XL \$14.00

Sam Wood Hat: \$15.00

Quantity SIZE COST SUB TOTAL

	Youth M	\$12.00	
	Adult S	\$12.00	
	Adult M	\$12.00	
	Adult L	\$12.00	
	Adult XL	\$12.00	
	Adult 2XL	\$14.00	
	Adult 3XL	\$14.00	
	Adult 4XL	\$14.00	
	HAT	\$15.00	

Payment Submitted: \$ _____