

2020 Cub Resident Camp – Castaway to Cub Island
Youth/Adult Application

Camp Card Incentive

All Scouts must have a parent or guardian with them to attend Cub Resident Camp.

***Note: Address only needs to be listed once if parent/youth live together.**

Scout Name: _____ Parent's Name: _____
Address: _____ Address: _____
City: _____ St: _____ Zip: _____ City: _____ St: _____ Zip: _____
Phone: _____ Phone: _____
Pack Number: _____ District: _____ Email: _____
Date of Birth _____ T-Shirt: AS AM AL AXL A2XL A3XL
T-Shirt: YS YM YL AS AM AL **Name of Adult attending if not parent listed
Girl Boy above. _____
Grade/Rank as of fall 2020 Tiger (1st Grade) Wolf (2nd grade) Bear (3rd grade)

Camp Session: Cub 1: 7/10-7/12(TMR) Family 1: 7/17-7/19 (TMR)

Combined 1: 7/9-12 (PSR)**

Location Codes: TMR=Tunnel Mill Scout Reservation, Charlestown IN; PSR=Pfeffer Scout Reservation, Benton KY

** Combined Cub and Webelos Session

Cub Resident fee for each parent/Scout team is **\$145.00**. Early bird registration gets a great discount, only **\$125.00 if paid in full by May 4**. (Registration Fee covers both youth and 1 parent/guardian). A late fee of \$10 for each team is charged for each payment not paid in full by July 1.

For those families that have two or more children that are in the appropriate grades (i.e. twins who will be Tigers, Wolves or Bears in fall 2020 or one Scout who will be a Wolf and one Scout who will be a Bear in Fall 2020), the cost for the additional Scout is **\$90**. The cost for each additional adult is \$75. Only one parent/guardian must attend, but more are welcome. Please complete the information below.

Fill out the information below if there will be an *additional* Parent or Scout in Family.

*** Note: Address information is not needed if parent/youth live in the address provided above.**

Scout Name: _____ Parent's Name: _____
Address: _____ Address: _____
City: _____ St: _____ Zip: _____ City: _____ St: _____ Zip: _____
Phone: _____ Phone: _____
Pack Number: _____ District: _____ Email: _____
Date of Birth _____ Age: _____ T-Shirt: AS AM AL AXL A2XL A3XL
T-Shirt: YS YM YL AS AM AL
Girl Boy
Grade/Rank as of fall 2020. Tiger (1st Grade) Wolf (2nd grade) Bear (3rd grade)

Both parts A & B of the Annual Health and Medical Record (BSA Form #680-001) are REQUIRED for EACH participant and parent. Please send all forms along with payment to: **Cub Resident Camp, Lincoln Heritage Council, 12001 Sycamore Station Place, Louisville, Kentucky 40299.**

1-6701-022-021 TMR 1-6701-090-21 PSR

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Please complete the information below if you want to submit payment by credit card.

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Scout Fee: \$125 if paid in full by May 4, 2020; \$145 if paid on or after May 5, 2020

Additional Scout/Sibling: \$90

Additional Adult: \$75

I'm paying for _____ Scouts and _____ Adults

Name on the Card: _____

Billing Address for Card: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Card Expiration: _____ CVC Code: _____

Payment Amount: _____

Notes/Allergies for Camp: