

**2010 Cub Day Camp Campership Application
(Due May 15, 2010)**

Day Camp: _____ Location: _____

Date: _____ (for Council use. Date application received)

Camper's Name: _____ Pack # _____ District: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Institution: _____

This is to certify that I have personally talked with the above named Cub Scout regarding his attendance and have interviewed his parent(s) or guardian and present the following plan for his attendance fee:

Amount Scout and Family Will pay: \$ _____ Did The Scout Sell Popcorn? _____

Amount Unit or Institution will pay: \$ _____ Did The Unit Sell Popcorn? _____

Amount of Campership requested: \$ _____ (\$30.00 Maximum)

Total Fee: \$ _____

This Cub Scout needs financial aid because: _____

Cubmaster Approval

Name: _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____

Week Cub Scout will attend camp: _____

I hereby certify that my son may participate in the Day Camp. I also give consent for medical treatment for him if, in the opinion of the Camp Director or the Medical Officer it is necessary.

Parent's or Guardian's Signature: _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____

Action of Cub Scout Committee:
Amount of Campership awarded: \$ _____

Date Cubmaster notified: _____