

## Gerber Scout Camp & DeVos Family Venture Base Fee Transmittal Form

Date \_\_\_\_\_ District \_\_\_\_\_ Week \_\_\_\_\_ Unit \_\_\_\_\_

Use this form to transmit summer camp fees. Make a copy for your records. Please double check your addition.

Scouts Name	Registered with BSA	Campership Applied For	Amount Paid With This Form
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
<b>Adults</b> (2 Adults for the first 10 Scouts and 1 additional for each portion of 10 thereafter)			
1.	Full Week    Partial Week    # Days _____		
2.	Full Week    Partial Week    # Days _____		
3.	Full Week    Partial Week    # Days _____		
4.	Full Week    Partial Week    # Days _____		
5.	Full Week    Partial Week    # Days _____		
<b>Event Code 701</b>	<b>Total</b>		

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

White - Office

Yellow - Unit