

**CUB SCOUT CAMP TRANSMITTAL FORM**

District \_\_\_\_\_ Pack No. \_\_\_\_\_  
 Pack Camp Coordinator \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

<b>CUB SCOUT ADVENTURELAND-703</b>	
Session # _____	Session Date _____
<b>WEBELOS ADVENTURELAND-7033</b>	
Session # _____	Session Date _____

<b>CUB SCOUT DAY CAMP -702</b>
Day Camp Location _____
Day Camp Date _____

Cub Scout/Webelos Scout Name	Current Rank	Current Age	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.					
<b>Parent/Adult Leader Name</b>					
1.					
2.					
3.					
4.					
5.					
<b>Total Youth &amp; Adult Fees</b>					\$

White -Office      Yellow - Unit