

CUB SCOUT CAMP TRANSMITTAL FORM

District _____ Pack No. _____

Pack Camp Coordinator _____

Phone _____

CUB SCOUT ADVENTURELAND-703	
Session # _____	Session Date _____
WEBELOS ADVENTURELAND-7033	
Session # _____	Session Date _____

CUB SCOUT DAY CAMP -702
Day Camp Location _____
Day Camp Date _____

Cub Scout/Webelos Scout 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.			
Parent/Adult Leader Name			
1.			
2.			
3.			
4.			
5.			
Total Youth & Adult Fees			\$

White -Office Yellow - Unit

Use additional sheet as needed.