

**CUB SCOUT FAMILY CAMP 2017 REGISTRATION FORM**

Enclosed is \$50 per Parent/Cub team reservation deposit.  
(NON-REFUNDABLE AFTER 6/1/17)

PARENT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE (H): \_\_\_\_\_ (BUS): \_\_\_\_\_ (CELL): \_\_\_\_\_  
EMAIL: \_\_\_\_\_

List all attendees participating in this event:

Adults: \_\_\_\_\_

Youth: Name	Age	If Scout? Pack #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Use additional paper if necessary*

NAME AND PHONE NUMBER OF EMERGENCY CONTACT DURING CAMP:  
(OTHER THAN ATTENDING PARENT)

\_\_\_\_\_

Total Fees Enclosed: \$ \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Circle one: VISA                      MasterCard



Return to: RANCHO ALEGRE, 2680 Highway 154, Santa Barbara, CA 93105 or  
register online at:

<http://lpcbsa.doubleknot.com/cub-scout-and-family-resident-camp/45236>