2010 – BOY SCOUT DAY CAMP REGISTRATION FORM AT MT. ALLAMUCHY SCOUT RESERVATION

SCOUT MEMBERSHIP ID #:_____ **(On membership card, camp brochure label or see Troop Leader)**

District: (please circle) **Black River Fishawack Munsee Raritan Valley Sussex Watchung Mountain**

Troop #: _____ **If not Patriots' Path Council please identify your Council:** _____

Scout's First Name: _____ **Scout's Last Name**: _____

Street Address: _____

Town: _____

State: _____ **Zip:** _____

Home Telephone with Area Code: (_____**)**_____

Work/Cell/Alternate Telephone with Area Code: (_____**)**_____**for** (name)_____

E-MAIL: _____ **Age:** _____

Rank: (Please circle) SCOUT TENDERFOOT 2ND CLASS 1ST CLASS STAR LIFE

Camp Program and Week(s) Desired: ***Please circle DATE AND BUS ROUTE/STOP***.

Boy Scout Day Camp at Camp Somers **7/5-7/9 7/12-7/16 7/19-7/23 7/26-7/30 8/2-8/6**

Circle Bus Route and Bus Stop or Car

Bus Route: A B C D E F G H I J CAR

Bus Stop Number: 1 2 3 4 5 6 7 8 9

Amount Paid: The FULL amount must accompany the Registration Form. Add $25 if you register after April 30th. Checks are payable to : Patriots' Path Council, BSA; Mail to Patriots' Path Council, BSA, 222 Columbia Turnpike, Florham Park, NJ 07932 or FAX to: (973) 765-9143..

Amount: $_____

If paying by Charge (please circle the card you are using): **MC Visa Discover**

Credit Card Number: _____ Expiration Date: _____ (Month/Year)

Credit Card CVC Number: _____ This is the 3 or 4 digit number on the back of the credit card.

Picture Release Authorization: I understand that by attending any summer camp program sponsored by Patriots' Path Council, Boy Scouts of America, I consent to the use of photographs, film, videotapes, electronic representations and/or sound recordings made of me or my Scout during that time by the Boy Scouts of America, at their discretion, and hereby release the Boy Scouts of America from any and all liability from such use and publication.

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY: SOMERS = 900704