

2008 – FIRST YEAR 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: _____

Rank: _____ Age: _____

Camp Program and Week(s) Desired: *Please circle CAMP and DATE.*

Boy Scout Day Camp at Camp Somers 6/30-7/4 7/7-7/11 7/14-7/18 7/21-7/25 7/28-8/1

Bus Stop Number _____ or Car (circle "car" if driving your Scout to camp)

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)

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: _____