

2009 CUB SCOUT DAY CAMP

Session Code: Pack#: _____ Son's Date of Birth: _____ Grade in next School Year: _____ Date: _____

Cub Scout's Name: _____ Day Time Phone #: (____) _____ - _____

Parent's Name: _____ Evening Phone #: (____) _____ - _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Current Rank (For LDS Units Only): _____ Parent's Email Address: _____

Fees for registrations received on or before cut-off date. (2 weeks prior to camp)	X \$85.00	=
Fees for registrations received after cut-off date.	X \$105.00	=
Extra T-Shirts	X \$10.00	=
Total Amount Due		= _____

Youth T-shirt Sizes & Quantity (1 free with registration fee) *SORRY, NO SHIRT EXCHANGES* (YOUTH SIZES RUN SMALL) # _____ Youth size 10-12 # _____ Youth size 14-16 # _____ Adult M # _____ Adult L # _____ Adult XL	Adult Staff T-shirt Size & Quantity (Full time staff who work all 5 days receive one free t-shirt) # _____ Adult M # _____ Adult L # _____ Adult XL # _____ Adult 2XL # _____ Adult 3XL
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HEALTH FORM (THIS FORM MUST BE SIGNED BY A PARENT TO BE VALID.)

IN CASE OF EMERGENCY NOTIFY: _____ at Phone (____) _____ - _____

OR CONTACT (Name): _____ Relation: _____ at Phone (____) _____ - _____

Family Physician: _____ Phone (____) _____

Have or subject to: (check all that apply) <input type="checkbox"/> Asthma <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Insect Bites: (what type?) _____ <input type="checkbox"/> Food Allergies: (what type?) _____ <input type="checkbox"/> Sports / Activity Restrictions: (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Drug or Environmental Allergies: _____ Physical limitations?: _____	Have difficulty with: (check all that apply) <input type="checkbox"/> Eyes (Glasses or Contacts) <input type="checkbox"/> Ears (Hearing Aid? _____) <input type="checkbox"/> Nose <input type="checkbox"/> Digestion <input type="checkbox"/> Throat <input type="checkbox"/> Lungs <input type="checkbox"/> Currently taking medication Check box if your son is taking medication. Name of medication: _____ <i>If your son is taking medication there is an additional form that must be completed prior to camp. The form will be given to you when the Camp Director has received this notification.</i>
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PARENT AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the Camp Director or Health Officer or other adult staff member, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son. Date: ___/___/___ Parent Authorization (signature): _____

Media Release: I consent to have photographic images of my son(s) taken for news and promotional purposes.

Parent or Guardian Signature: _____

RECEIVE A \$25.00 REBATE IF YOU JOIN OUR STAFF.

Staff members are volunteer parents like yourself who volunteer their time to make Day Camp a memorable experience for their son. We are asking parents to work on staff or at least give some time to the program. (Parents who work for all five days receive a Free T-shirt, mug and a \$25.00 rebate)
 (The \$25.00 rebate will be mailed to you by August for those who volunteer all five days and have a child registered in Day Camp.)

Yes, I will work as a Cub Day Camp Volunteer

Please Circle the day(s) you are available: Mon. Tue. Wed. Thurs. Fri. or All Five Days

All Volunteer(s) shirt size(s) are required on the top of the form

Method of Payment (Fees do not include Accident and Sickness Insurance): Make checks payable to Central Florida Council and mail to Wayne Densch Boy Scout Service Center, 1951 S. Orange Blossom Trail #102, Apopka, FL 32703. If paying by Visa or MasterCard, you may REGISTER ONLINE at http://www.cfcbsa.org (under the Activities section) or you may also fax this form to 407-889-4406.												
Cash or Check	Check #	Amount \$										
Visa/MasterCard #												
Expiration Date	/	/	Signature: _____							F018-___ (Session#)		

Session	Location	Time	Date	Add late fee after	Director Phone #/E-mail
1A	LDS Church on Dean Rd. 5449 N. Dean Rd., Orlando	8:30-4:30	June 15-19	May 29	1A - Karen Mings (407-681-5392) kmings@cfl.rr.com
1B	LDS Church on Dean Rd. 5449 N. Dean Rd., Orlando	8:30-4:30	June 22-26	June 5	1B - Karen Mings (407-681-5392) kmings@cfl.rr.com
2A	LDS Church on Mt Vernon Rd 1875 Mount Vernon Rd, Leesburg	8:00-4:00	June 22-26	June 5	2A - Andy Zimmerman (352-324-2482)
3A	Plymouth Ave Christian Church, 1101 E. Plymouth Ave., Deland	8:30-4:30	June 22-26	June 5	3A - Leanne Mesa (386-574-2722) leannecarlos6@gmail.com
4A	Spruce Creek Park 6250 S. Ridgewood Ave., Port Orange	TBA	TBA	TBA	4A - TBA
5A	Florida Institute of Technology 150 W. University Blvd. Melbourne	8:30-4:00	June 15-19	May 29	5A - Julie Hosley (321-768-1989) jhosley@cfl.rr.com
6A	Killarney Elementary	8:30-4:00	June 8-12	May 22	6A -Derek Schaumann (407-629-0267) dschaumann@cfl.rr.cfm
6B	LDS Church 4020 Bumby Ave. Orlando	8:30-4:30	July 13-17	June 26	6B - Laurie Bobletz (407-375-3126) ljbobletz@cfl.rr.com
7A	F. Burton Smith Park 7575 W. ST Rd 520, Cocoa	9:00-4:00	June 15-19	May 29	7A - Beth Benet (321-289-0455) canaveraldaycamp@yahoo.com
8A	TBA	9:00-4:30	June 8-12	May 22	8A- Denice Cowell (407-396-4586) desireeswbeagle@aol.com
8B	First Baptist Church of St. Cloud 1717 13th St.	9:00-4:30	June 16-20	May 29	8B - Denice Cowell (407-396-4586) denice.cowell@sinedubio.com
8C	Elks Lodge 1655 Kings Hwy Kissimmee	4:00-9:00	July 6-10	June 19	8C- Desiree Bayley desireeswbeagle@aol.com
9A	Oakland Presbyterian Church 218 East Oakland Ave, Oakland	8:30-4:30	June 15-19	May 29	9A- TBA
10A	LDS Church on Lake Emma 2505 Lake Emma Rd., Lake Mary	9:00-4:30	June 22-26	June 5	10A - Linda Braswell (407-330-7673) lbraswel@bsamail.org
11A	Church of Holy Child 1225 W. Granada Ormond Beach	8:30-4:45	June 15-19	May 29	11A-Catherine Schmidt(386-882-4010)
27A	LDS Church Hunter's Creek Center 701 West Wetherbee Rd Orlando	9:00-4:00	June 22-26	June 5	27A - Donna Wright (407-455-3130) dwright002@yahoo.com
28A	LDS Church on Martin St 540 Martin St	8:30-4:30	June 8-12	May 22	28A - Sue Whalen (407-358-8236) suewhalen@cfl.rr.com
31A	Wickham Park Youth Area 2500 Parkway Dr., Melbourne	8:30-4:00	June 1-5	May 15	31A - Marie Beale gmhbeale@earthlink.net
31B	Wickham Park Youth Area 2500 Parkway Drive. Melbourne	8:30-4:00	June 8-12	May 22	31B - Kim Welch pack524tiger@yahoo.com

Benefits to Volunteering at Cub Day Camp

1. Meet parents from your community.
2. Have fun with your son doing activities and crafts.
3. Learn new skills. Full training provided.
4. Opportunity for your son to have a positive leadership role.
5. Be part of a team making a difference.

You can help for half a day or all five days. Here are some ways you can help:

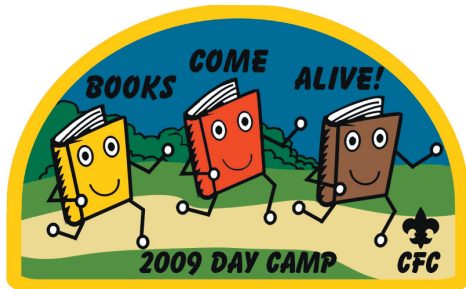
1. Teach a craft or Scouting skill.
2. Help with check-in during the mornings.
3. Help make presentations to Packs to encourage boys to attend camp.
4. Serve all five days as a staff member and receive a \$25.00 Rebate, a T-shirt, and a mug.

MAKE NEW FRIENDS!



Cub Scout Day Camp 2009

Books Come Alive!



Patch design created by Cub Scout Jason Sleboda from pack 980. He will win a free week of Day camp for himself and a friend. Congratulations, Jason!

Register Today!

Cub Day Camp offers the Scout a fun, exciting, and productive week of Scouting. The fee for this fun-filled, action-packed adventure is \$85.00 on or before the cut-off date, and \$105.00 after. Scouts receive a patch, t-shirt and all materials with their registration fee. Cub Scouts are expected to wear their camp t-shirt during camp. Extra shirts may be purchased for \$10.00 each. Scouts may attend any as well as multiple camps.