



BEAR PAW / GARDNER DAM SCOUT CAMPS



VENTURING-BSA

2010 SUMMER CAMP PAYMENTS

Bay-Lakes Council
P.O. Box 267
Appleton, WI 54912-0267

Unit # _____

- Bear Paw Scout Camp (Acct # 1-6701-711-21)
- Gardner Dam Scout Camp (Acct # 1-6701-712-21)

Site _____ Week Attending _____ Dates _____

PRIMARY CONTACT FOR CAMP RESERVATION

(Camp information will be mailed directly to this person only. They will be responsible for sharing information with parents and other adults and youth attending camp).

Name _____ Daytime Phone # _____

Address _____ E-mail _____

City _____ State _____ Zip _____

PAYMENTS ARE NON-REFUNDABLE, BUT MAY BE TRANSFERRED TO ANOTHER YOUTH NOT CURRENTLY REGISTERED.

YOUTH FEE: Camp fee is \$235 per youth
\$100.00 non-refundable 1st payment due by March 1
Balance of \$135.00 per youth is due by May 1

TO QUALIFY FOR THE \$235.00 CAMP FEE, FIRST PAYMENT MUST BE MADE BY MARCH 1

AND FINAL PAYMENT BY MAY 1. OTHERWISE THE CAMP FEE IS \$260.00

- **Webelos** completing the fifth grade join a Boy Scout troop in Spring and attend Boy Scout Summer Camp.
- **New Scouts (including Webelos)** joining a Boy Scout troop after the March 1st and May 1st deadlines will still qualify for the \$235.00 camp fee.
- **Fees are non-refundable and not transferable. EXCEPTION:** Fees may be transferred to another youth not currently signed up to attend camp.

ADULT FEE: \$95 per full week, due by May 1. Per day fee is \$19 for adults.

PAYMENT SUMMARY – COMPLETE WITH EACH CAMP PAYMENT

_____ youth @ \$100 = _____ (1st payment)

_____ youth @ \$135 = _____ (2nd payment)

_____ youth @ \$260 = _____ (If 1st payment not paid by 3/1, camp fee is \$260)

_____ adults @ \$95 = _____ (**\$19 per day**, indicate days on other side)
(Remember to subtract your \$50 site deposit from **ONE** of your payments)

Total Payment Enclosed _____ **Payment Date** _____

COMPLETE ADULT AND YOUTH ROSTER ON OTHER SIDE

ROSTER MUST BE SUBMITTED WITH EACH PAYMENT

Date Attending _____ () Bear Paw Scout Camp () Gardner Dam Scout Camp

Week # _____ Unit # _____ () Boy Scout troop () Varsity team () Venture crew

Please fill in roster completely.

(Duplicate if necessary for additional participants).

ADULTS IN CAMP		DAYS IN CAMP (Mark an X in each box)						
Name (minimum 2 @ \$95) (Leaders may split fee or pay for meals upon check-in at camp.)	Phone Number	S	M	T	W	Th	F	S
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Youth Name	1 st Payment Amount	Payment Date	Final Payment	Payment Date
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Person completing roster: _____ Phone: _____