

Registration for Cub Scout Spookeree 10/24/2020

Scout Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Unit #: _____ Unit Leader: _____ Phone: _____

Sibling: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact: Name: _____ Phone: _____

Alt Contact Name: _____ Phone: _____

Price: \$25.00 per scout \$10 per youth shirt Amount: _____ Size: _____

\$5 per adult/sibling \$15 per adult shirt Amount: _____ Size: _____

*****Registration after 10/16/2020 will result in a \$10 increase in fee*****

SATURDAY Lunch is included

Number of people attending: _____ Total Price: \$ _____

Payment Type: Cash: _____

Check: Pay to order of Blue Ridge Mountains Council/Cub camp

Card: Number: _____ (3% fee for card purchases)

Expiration date: _____

CVC: _____

*****MUST HAVE HEALTH FORM PARTS A, B1, B2*****

Please let any staff member know upon sign-up about any accommodations needed.