

Family Resident Camp – Public Event for All Ages

July 3-5, 2010 – Saturday, Sunday, Monday

If several units are camping as a group and want placed together, be sure to register together.

Access www.hawkeyebsa.org – for additional information, forms, and the on-line registration system.

Name of Organizer _____ Group Name or Scout Unit# _____

Street address: _____ City/State/Zip: _____

Phone (with A/C): Home: _____ Work: _____ Mobile: _____

Preferred phone: _____ Email address _____

Emergency, contact: _____ Phone: _____ Relationship: _____

Check Type of Unit(s) Applicable – NO electricity, water, or sewer hookups; limited electricity is available for medical purposes only at \$5 per day. Payment will be made at camp.

- | | |
|--|---|
| <input type="checkbox"/> Tent (1-2 tents) with maximum of 8 people
See note below regarding tents | <input type="checkbox"/> Pick up camper (length _____) |
| <input type="checkbox"/> Pop-up camper (length _____) | <input type="checkbox"/> Camping trailer (length _____) |
| <input type="checkbox"/> Recreational Vehicle (length _____) | <input type="checkbox"/> Handicap access is needed.
You will be contacted regarding specifics. |
| | <input type="checkbox"/> Electricity for medical use |

Tents – The Council is strongly encouraging all campers to provide their own nylon floored, screened tents to help guard against mosquito-borne illnesses. Each tent must carry signage of *No Flames in Tent*.

Planned check in: Date: _____ time: _____ **Planned check out:** Date: _____ time: _____

Optional pre-order of 2010 Time Traveler camp shirts – put quantity on line after size

Youth size \$10: M ___ L ___ XL ___ Adult size \$10: S ___ M ___ L ___ XL ___

Adult size \$13: 2X ___ 3X ___

Fees: # of units _____ times # nights _____ at \$10.00 per unit per night \$ _____

of participants _____ at \$2.00 program fee each \$ _____

(All participants must be listed on chart, with extras paying \$2 on arrival.)

Camping registration **after June 18 – add \$5.00** per camping unit \$ _____

Optional T-Shirt Pre-order (total qty _____) \$ _____

Final Deadline for camping – June 25 Grand total being submitted \$ _____

Health and Medical Requirements for all youth and adults

- BSA Annual Health & Medical Form (completed within 12 months of camp)
 - ✓ Parts A & C - Parent/Guardian to complete, with all required signatures
 - ✓ Part B (physical) is recommended
 - ✓ Attach a photocopy of both sides of the family insurance card.
 - ✓ Keep the original form in home records. Send a legible copy to camp.
- All medicines, with some exceptions, must be stored in Health Office

To help with camp planning

- | | | |
|--|-----|----|
| • Are any medical restrictions listed on medical forms | Yes | No |
| • Does the Form C talent release give approval | Yes | No |
| • Will a special dietary request be needed | Yes | No |
| • Do the youth have planned absences from camp | Yes | No |

Signature & Date of coordinator