

# 2010 Family Resident Camp – July 3-5

**Check-in: This sheet must list everyone, and must have BSA medical forms A and C must be submitted with registration. During check-in, we will collect for extra participants at \$2.00 each.**

Name of Organizer \_\_\_\_\_ Group Name or Scout Unit# \_\_\_\_\_

# Camper units \_\_\_\_\_ # of campers pre-registered \_\_\_\_\_ # campers attending \_\_\_\_\_

Extra campers at \$2.00 each \_\_\_\_\_ \$ received \_\_\_\_\_ Staff initial \_\_\_\_\_

Camping area \_\_\_\_\_

**Note: All participants will be listed as non-swimmers. A swim test at the pool will be required to give campers access to different sections of the pool.**

No.	Name of Participant	Age Group			BSA Health & Medical Form Parts A & C on file
		10 and under	11 through 17	18 and over	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					