

**2016 Orange County Council
Cub Scout Day Camp
Keystaff Camper Registration**

To be turned in by the keystaff member
for the camper they are sponsoring
send to jon@lagerquist.com

A Medical Form is also required

Keystaff Information

Name _____
District (Camp) _____ Unit type and number _____
Email _____
Phone _____

Camper Information

Name _____
District (Camp) _____ Unit Type and Number _____
Current Rank _____ Rank Fall 2016 _____ Birth Date _____
Email _____
Address _____
City, State, Zip _____
Phone _____

Mothers Name (First and Last) _____
Mothers Phone _____
Fathers Name (First and Last) _____
Fathers Phone _____

Is there a major medical issue ___ Yes ___ No

Emergency Contact 1 - Not a parent
Name (First and Last) _____
Relationship _____ Phone _____

Emergency Contact 2 - Not a parent
Name (First and Last) _____
Relationship _____ Phone _____

Camp Session if applicable _____
Very Early Registration _____ (By Scout-O-Rama)
Early Registration _____ (30 days before camp)
Journey to Excellence Gold Unit _____
T Shirt Size YM ___ YL ___ AS ___ AM ___
Extra T Shirts (\$10) _____ (Extra shirts are not part of a key staff campership)

Notes _____
