Cub Scout Resident Camp

Fill out completely – Return to:

Oregon Trail Council, 2525 MLK Jr. Blvd., Eugene, OR 97401

Please Print:

Cub Scout's Name_____

Birthdate_____Pack #_____

Parent's Name_____

Note: If Scout's parent is not attending, who will be responsible for this Scout?

Name_____Pack #_____

Address_____

City_____State_____Zip_____

Phone (H)_____(W)_____(C)_____

Email_____

In case of emergency, notify:

Name_____Relationship_____

Phone (H)_____(W)_____(C)_____

My son & I will attend:

- ❑ Session 1 - August 11-14
- ❑ Session 2 - August 15-18

Be sure to get your event packet, including medical form, map, packing list & schedule - Available at the Scout Office or online at www.otcbsa.org

Special Needs: (Please explain in detail your child's situation) _____

_____

Camperships: Camperships are available for families with financial difficulties, and pays up to half of the camp fee. If your family is in need of assistance, please complete a campership request form. All requests are due to the council office by June 1.

Refund Policy: Full refund will be given up to thirty (30) days prior to start of camp. One-half of the camp fee will be given up to fourteen (14) days prior to the start of camp. **NO refund will be given within fourteen (14) days of the first day of camp.**

Photo Release: I, [ ] give, [ ] do not give, consent for photographs and/or videos depicting my son in camp activities to be used by Oregon Trail Council only, on the council website or print materials such as brochures and camp promotional pieces. No names or identifying information will accompany my child's likeness. _____(initial)

Amount Enclosed

- ❑ $110.00 – Scout
- ❑ $ 90.00 – Adult

_____ – Total Fee

- ❑ Campership

All fees must be paid at time of registration

Payment **(check one)**

- ❑ Cash
- ❑ Check
- ❑ Bank Card

_____ _____ _____ _____

Exp. ____/___

Office Only: **Amount Paid: $_____ ☐ Campership Date Received: _____ Receipt #: _____**