Webelos-Ree

Fill out completely – Return to:

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

Please Print:

Name_____Birthdate_____

Address_____

City_____State_____Zip_____

For Scout: Parent Name(s) _____

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

Email_____

In case of emergency, notify:

Name_____Relationship_____

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

Pack #_____

Name of leader attending with den:

_____

_____

Webelos-Ree

Camp Baker

September 20-22

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

_____

_____

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

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

- ❑ $45.00 – Scout
- ❑ $35.00 – Adult

_____ – Total Fee

All fees must be paid at time of registration

Payment (check one)

- ❑ Cash
- ❑ Check
- ❑ Bank Card

____-__ __-____ ____-__ ___-___

Exp. ____/____

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