2014 Cub Scout Day Camp

Pack Enrollment Summary Form

Pack #: _____ Unit Contact: _____ Phone #: _____

- Under the "Medical" section, please indicate by circling "Y" for Yes or "N" for No, if our camp medic should be aware of a medical condition on the camper's application.
- Please circle the appropriate T-shirt size requested by each youth.
- Under each adult's name, please list which days each adult will be present in camp.

Scout's Name: *(Please Print Legibly)*	***Medical:***	***T-Shirt Size***
1. _____	Y / N	YS YM YL AS AM AL AXL
2. _____	Y / N	YS YM YL AS AM AL AXL
3. _____	Y / N	YS YM YL AS AM AL AXL
4. _____	Y / N	YS YM YL AS AM AL AXL
5. _____	Y / N	YS YM YL AS AM AL AXL
6. _____	Y / N	YS YM YL AS AM AL AXL
7. _____	Y / N	YS YM YL AS AM AL AXL
8. _____	Y / N	YS YM YL AS AM AL AXL
9. _____	Y / N	YS YM YL AS AM AL AXL
10. _____	Y / N	YS YM YL AS AM AL AXL
11. _____	Y / N	YS YM YL AS AM AL AXL
12. _____	Y / N	YS YM YL AS AM AL AXL
13. _____	Y / N	YS YM YL AS AM AL AXL
14. _____	Y / N	YS YM YL AS AM AL AXL
15. _____	Y / N	YS YM YL AS AM AL AXL
16. _____	Y / N	YS YM YL AS AM AL AXL
17. _____	Y / N	YS YM YL AS AM AL AXL
18. _____	Y / N	YS YM YL AS AM AL AXL
19. _____	Y / N	YS YM YL AS AM AL AXL
20. _____	Y / N	YS YM YL AS AM AL AXL

Leader's Name: *(Please Print Legibly)*	***Medical:***	***T-Shirt Size***
1. _____	Y / N	S M L XL XXL XXXL
Days present in camp: M Tu W Th F S		
2. _____	Y / N	S M L XL XXL XXXL
Days present in camp: M Tu W Th F S		
3. _____	Y / N	S M L XL XXL XXXL
Days present in camp: M Tu W Th F S		
4. _____	Y / N	S M L XL XXL XXXL
Days present in camp: M Tu W Th F S		
5. _____	Y / N	S M L XL XXL XXXL
Days present in camp: M Tu W Th F S		