Resident Camp Unit Registration Form					1				
[Week	Starting	
	Camp Bart	on	Camp Tu	scaror	а		Week	Starting	
- Unit #							Week Starting		
- Ont # - District						Week Starting			
	- District - Council								
	e-requested Cam	psite					Week	Starting	
Scout Last Name	Scout First Name	Address	City	State	Zip	Phone	Please List any Campership of Gift Certificates (\$\$)	Total \$ paid by Scout (include & used from Troop Account)	Sign Out Signature of Parent or Guardian

(A primary copy of this form must be submitted by March 1stth to the Baden-Powell Council. Additions, Corrections, & Modifications can be made when and as they are needed using additional copies of this form. Three copies should be brought to camp and be readily available during check-in.)

	Adult Roster						
Last Name	First Name	Address	City	State	Zip	Home Phone	# Days in Camp

Vehicles in Camp						
Individual Vehicle is Registered to:	Make, Model, Year, Color	License Plate #				