

Send this form to: Des Plaines Valley Council, BSA  
811 W. Hillgrove Ave, La Grange, IL 60525  
Fax: (708) 354-3615

You and your son are registered for Cub Scout Summer Camp 2011

## Weekend In Illinois at Scout Adventure Camp, Rochelle, IL

Please circle date you chose and keep for your records

June 18-19   June 26-26   July 9-10   July 16-17   July 23-24

### Refund Policy

All requests for refund must be made in writing and e-mailed to the Des Plaines Valley Council at [DPVC147@scouting.org](mailto:DPVC147@scouting.org) or mailed to the Des Plaines Valley Council, 811 W. Hillgrove, LaGrange, Illinois 60525.

If notice of cancellation is received at least 60 days prior to the event 100% Refund(\*).

If notice of cancellation is received at least 30 days prior to the event 50% Refund (\*).

If notice of cancellation is received less than 30 days prior to the event 0 Refund.

(\* ) less administrative charge of 10% or \$5.00 whichever is greater.



Go to [http://www.bsa-dpvc.org/cub\\_scouting/cub\\_camp.php](http://www.bsa-dpvc.org/cub_scouting/cub_camp.php) to find answers to most frequently asked questions in the Parent/Leader Guidebook.

All requests to make changes to your original registration must be e-mailed to: [barbara.fowler@Scouting.org](mailto:barbara.fowler@Scouting.org)

## Weekend in Illinois - 2011 at Scout Adventure Camp

Pack # _____	Scout's Name _____	
Attending Parent/Guardian _____	Phone _____	
Email (Please print clearly) _____		
Address _____	City/State _____	Zip _____
In the fall my son will be: Scout Rank _____ Grade _____		
June 18-19 _____		
June 25-26(*) _____		
July 9-10 _____		
July 16-17(*) _____		
July 23-24 _____		

**COST: \$125.00/Youth     \$95.00/Adult**

Youth T-Shirt Size (S, M, L, or Adult Small) \_\_\_\_\_

\_\_\_\_\_ Youth @     \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ Adults @     \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ Camp Coupon (-\$25.00) applied -\$ \_\_\_\_\_

Total     \$ \_\_\_\_\_

If paying by credit card, fax to 708-354-3615

Circle One:

American Express   Discover   MasterCard   VISA

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**(\*)Special Webelos program offered in addition to regular program.**

*Weekend in Illinois: Place "1" for your 1st choice and "2" for your second choice of weekends to attend.*

*You will be notified **ONLY IF** you are given your 2nd choice*

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