

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

4 Days/3 Nights in Wisconsin at Camp Shin Go Beek Registration Form

Cost: \$200.00/person

Pack # _____ Scout's Name _____

In the fall my son will be: Scout Rank _____ Grade _____

Attending Parent/Guardian _____ Phone _____

_____ Youth @ \$ _____ = \$ _____

_____ Adults @ \$ _____ = \$ _____

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

_____ Email Address (Please print clearly) _____

Total \$ _____

Address _____ City/State _____ Zip _____

We need a council tent? _____ Yes _____ No

If paying by credit card, fax to 708-354-3615
Circle One: American Express Discover MasterCard Visa

Place an "X" on the dates you will be attending:

Card # _____ - _____ - _____ - _____

_____ June 17-20, 2012

_____ June 20-23, 2012

_____ June 24-27, 2012

_____ June 27-30, 2012

Signature: _____

Expiration Date: _____

Come on down to **Camp Shin-Go-Beek**
in **Wisconsin** for **4 Day/3 Night** Cub Scout Camp.

Please Circle the date you choose and keep for your records:

June 17-20 June 20-23 June 24-27 June 27-30

Refund Policy

All requests for refund must be made in writing and e-mailed to the Des Plaines Valley Council at 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
to find answers to most frequently asked questions in the
Parent/Leader Guidebook

All requests to make changes to original registration must be E-mailed to: barbara.fowler@Scouting.org.

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You and your son are registered for Cub Scout Summer Camp 2012

Weekend In Illinois at Scout Adventure Camp, Rochelle, IL

Please circle date you chose and keep for your records
June 23-24 June 30-July 1 July 14-15 July 21-22 July 28-29

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Weekend in Illinois - 2012 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 23-24 _____
June 30-July 1(*) _____
July 14-15 _____
July 21-22(*) _____
July 28-29 _____

COST: \$135.00/Youth \$105.00/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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