

You and your son are registered for Cub Scout Summer Camp 2014



Weekend in Illinois at Scout Adventure Camp Rochelle, IL

Registration Starts January 1, 2014

Please circle date you chose and keep for your records

June 21-22

June 28-29

July 12-13

July 19-20

July 26-27

Sessions are starting on Saturday, 8:00 AM to Sunday, 10:00 AM

Refund Policy

All requests for refunds 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 Avenue, La Grange, IL 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.

To make changes to your original registration, all requests must be emailed to: Barbara.fowler@scouting.org

Weekend in Illinois - 2014 at Scout Adventure Camp

_____/_____ Pack # District	_____ Scout's Name	_____ Attending Parent/Guardian	_____ Phone
_____ Address		_____ City/State	_____ Zip

Email (Please print clearly)

Check Only One Date

June 21-22 _____ June 28-29 _____ July 12-13 _____ July 19-20 _____ July 26-27 _____

Sessions are starting on Saturday, 8:00 AM to Sunday, 10:00 AM

Cost: Youths

Early bird pricing up to March 31, 2014 \$ 85.00 ea

April 1, 2014 to May 31, 2014 \$100.00 ea

June 1, 2014 and after \$115.00 ea

All Adults \$ 50.00 ea

Registration Starts on January 1, 2014

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

_____ Youths @ \$ _____ = \$ _____

_____ Adults @ \$ 50.00 = \$ _____

If paying by Credit Card, fax to 708-354-3615.

Circle One: American Express Discover Master Card VISA

Card # _____

Expiration Date: _____

Name on Card _____

Signature _____

Total \$ _____

In the fall my son will be:

Scout Rank _____ Grade _____

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