

Wanchanagi District

ADULTS / JR. STAFF

Camp Attending- _____

Pack#- _____

Pack Coordinator- _____

Phone#- _____

	Adults Name*	Choices for Camp				Optional T-Shirt Order					Fee Paid
		Walker	Act.	Extra	Wee Camp	COST = \$7.00 (Free if Working 4 Days)					
						AM	AL	AXL	AXXL	AXXXL	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
					TOTALS						\$

* Please Star if Adult has a current CPR Card.

Siblings-- Wee Camp
 Camp Attending- _____
 Pack#- _____
 Pack Coordinator- _____ Phone#- _____

Wee Camp Fee = \$10.00

	Childs Name	Age	Days in Camp						Parents Name in Camp**	T-shirt Order			Fee Paid
			M	T	W	Th	F	YS		YM	YL		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
					TOTALS						\$		

**This is a requirement