TWO DATE OPTIONS:
February 24th/25th
or March 10th/11th

OVERNIGHT:
$43 CSC member / $48 nonmember
Primary scout leader free
Extra adults $18

WOLVES REGISTRATION DEADLINES:
February 10th for February 24th/25th camp
February 24th for March 10th/11th camp

EVENING ONLY
$32 CSC member / $37 non-member
Primary scout leader free
Extra adults $15

Catawba Science Center Wolves 2017 Camp-in Registration Form

*Per BSA guidelines if a scout is attending our evening classes, there must either be two leaders from his troop or his parent/legal guardian in attendance. If a scout spends the night, his parent/legal guardian must be in attendance.

Registrations are taken on a first-come, first-served basis when payment is made. Space is limited to 100 scouts.

Please check date of camp-in you wish to attend (make sure your pack registers for the same date)

_____ February 24th/25th Overnight _____ March 10th/11th Overnight _____ February 24th Evening Only _____ March 10th Evening Only

Scout Name _____ Pack No. _____ Council _____

Parent Name(s) _____ Primary Phone _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

CSC Member _____ Yes _____ No ** Family membership. Corporate membership not applicable.*

Parent or guardian attending, ($15 or $18 fee) _____ Phone _____

☐ Check if you are the primary scout leader, you will be admitted free of charge

Emergency contact of parent not in attendance _____ Phone _____

Health/ Accident Insurance Company _____

Name of Insured _____ Policy Number _____

Medical Information

If currently on any medications, please list and describe schedule for emergency administration. Include any asthma or allergy medications.

** Breakfast from Chick-fil-A. Chicken is fried in peanut oil.*

Allergies _____

Medications _____

Signature _____ Date _____

OPTIONAL: I, _____, do hereby authorize Catawba Science Center staff to use my child's name and photographs (still or moving) for promotional purposes.

Amount Due: $ _____ + $ _____ + $ _____ = $ _____
scout adult late fee (if needed) Total

_____ Check enclosed (payable to CSC) Charge my _____ Visa _____ MasterCard _____ Discover

Name on credit card _____ Card No. _____ CVC # _____

Expiration date _____ Signature _____

Payment must accompany registration forms. Registration received after deadline is an additional $5 fee.

Send registration & payment to:
CSC • PO Box 2431 • Hickory, NC, 28603 • 828.322.8169
Note: Piedmont Council is not accepting registrations or payments for camp-ins.