



**TWO DATE OPTIONS:**  
February 10th/11th  
or February 17th /18th

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

**BEARS REGISTRATION DEADLINES:**  
January 27th for February 10th/11th camp  
February 3rd for February 17th /18th camp

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

## Catawba Science Center Bears 2017 Camp-in Registration Form

**Registration as a pack is strongly encouraged but not required.**

Registrations are taken on a first-come, first-served basis when payment is made.  
Space is limited to 100 scouts. Please make additional copies as necessary and send forms together.

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

February 10th/11th Overnight  February 17th /18th Overnight  February 10th Evening Only  February 17th 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.

Primary Scout Leader attending (REQUIRED) \_\_\_\_\_ Phone \_\_\_\_\_  
(At least one adult leader or parent per six scouts MUST accompany pack at all times)

Secondary Scout Leader (OPTIONAL) \_\_\_\_\_ Phone \_\_\_\_\_

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

Emergency contact, if parents can not be reached \_\_\_\_\_ 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.**