



TWO DATE OPTIONS:
January 27th/28th
or February 3rd/4th

WEBELOS REGISTRATION DEADLINES:
January 13th for January 27th/28th camp
January 20th for February 3rd/4th camp

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

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

Catawba Science Center Webelos 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)

January 27th/28th Overnight February 3rd/4th Overnight January 27th Evening Only February 3rd 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.