

Summer Resident Camp

2005 Camp Trask



Troop Registration Form

Troop Number _____ District _____ Council _____

Contact Name _____

Address _____

City, State, Zip _____

Phone: Day (_____) Evening (_____)

CAMPING DATES: (Circle choice) **August 7-13** or **August 14-20, 2005**

(First adult is FREE)

Number of Scouts _____ X \$160.00 = \$ _____ Youth Total

Number of Paying Adults _____ X \$ 85.00 = \$ _____ Adult Total

TOTAL DUE \$ _____

Total Number of Youth & Adults _____ X \$75.00 Deposit = \$ _____ Enclosed

Deposits are accepted, but full payment is appreciated.

Payment Method (Circle) VISA Mastercard Discover American Express Check Cash

Credit Card Number _____ Exp Date _____ / _____

Signature (as it appears on credit card) _____

Bring this form to either Scout Shop or mail to: San Gabriel Valley Council, BSA,

3450 E. Sierra Madre Blvd., Pasadena, CA 91107

(EVENT CODE #1-6701-753-21)

Provisional Scout Registration Form 2005

(For Scouts attending without a troop)

Troop Number _____ District _____ Council _____

Scout Name _____

Address _____

City, State, Zip _____

Phone: Day (_____) Evening (_____)

CAMPING DATES: (Circle choice) **August 7-13** or **August 14-20, 2005**

PROVISIONAL CAMP FEE per scout **\$180.00** X _____ = \$ _____ Total enclosed

Please enclose non-refundable deposit of \$75.00 per Scout. Balance of camp fee due two weeks prior to camp.

Deposits are accepted, but full payment is appreciated.

Payment Method (Circle) VISA Mastercard Discover American Express Check Cash

Credit Card Number _____ Exp Date _____ / _____

Signature (as it appears on credit card) _____

Bring this form to either Scout Shop or mail to: San Gabriel Valley Council, BSA,

3450 E. Sierra Madre Blvd., Pasadena, CA 91107 Fax: 626-351-9149

CANCELLATION POLICY: UP UNTIL TWO WEEKS PRIOR TO CAMP, CANCELLATION FEE OF 25% OF

TOTAL COST. AFTER THAT, NO REFUNDS CAN BE GIVEN

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TRASK SUMMER

(EVENT CODE #1-6701-753-21)