

## REGISTRATION FORM 2010 PATRIOT DAYS

Group Name: \_\_\_\_\_ Place: \_\_\_\_\_  
 Circle: Boy Scout - Girl Scout - Camp Fire - Other \_\_\_\_\_ Senior Junior Cadette

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Camp Leader: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone in camp, if any ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Expected Campers	Male Leaders	Female Leaders	Boys	Girls	Total

This is our unit's first time at Patriot Days: Yes:  No:

<b>COMMENTS SECTION</b>	Describe special requirements for campsite space, suggestions for activities, other groups who would like an invitation, comments
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Signature of group leader: \_\_\_\_\_

I acknowledge that I have thoroughly read this pamphlet.

<input type="radio"/> Yes, Pre-register me for the First Aid Challenge	<input type="radio"/> Yes, Pre-register me for the Orienteering Challenge Please reserve # _____ maps for me, to be paid Friday night
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*Make Checks payable to:*  
**Patriot Days Encampment Committee**

*Send Registration by May 19 to:*

*My payment is enclosed for:*

Patriot Days

\$ 50 minimum unit registration fee

PO Box 827

or  \$ \_\_\_\_\_ full \$20-per-camper registration

Shillington, PA 19607-0827

<b>HELP SECTION</b>	Can you contribute some time during the weekend ?
Number of adults: _____	Number of older youth: _____
Event preferred: _____	Preferred time: _____
Second choice: _____	Preferred time: _____

*** OFFICIAL USE ONLY ***			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boy Scout	Girl Scout	Camp Fire	Young Camper
Unit: _____		Campsite: _____	
Postmark: _____		Received: _____	
Check #: _____		Bank: _____	
I acknowledge receipt of _____			
I acknowledge settlement refund of \$ _____			
Patriot Days check # _____			
Leader signature: _____		leaders _____	
		boys _____	
		girls _____	
		Total campers _____	
		\$20 per camper \$ _____	
		less deposit _____	
		due/refund \$ _____	
*** Minimum Fee ***			
\$50.00 per unit			