



2008 Boy Scout Camp Registration Form

If you are attending Summer Camp with your troop, give this form and fees directly to your Scoutmaster.

Scout's Name: _____
 Address _____
 City: _____ State: _____ Zip _____
 Phone # (H) _____ (W) _____
 Parent's Names: _____
 Troop # _____ Town _____
 District: _____
 Scout Rank (as of 6/29/08): _____
 Check one:
 Going to camp: _____ with your own troop
 _____ as a provisional camper
Payment: Check # _____
Make checks payable to Connecticut Rivers Council
 Credit Card: _____ VISA _____ Mastercard
(full payment is required on all charges)
 Card # _____ Exp. Date _____
 Amount Paid: \$ _____
 Signature _____

2008 Boy Scout Summer Camp Dates	
June 29-July 5- <i>Workcoeman only</i>	
July 6-12	July 27-August 2
July 13-19	August 3-9
July 20-26	August 10-16 <i>Mattatuck only</i>

Specialty Program Dates	
Trail to Eagle Camp	July 6-12 at Webster July 27-Aug 2 at Workcoeman
Extreme Adventure Week	August 3-9 at Mattatuck
OA Rendezvous	August 3-9 at Webster
AdVenture Camp	August 10-16 at Webster

2008 Boy Scout Summer Camp Fees		
Camp/Program	Base Fee Pay by 6/2	Full Fee after 6/2
Chartered Troop	\$305	\$335
Provisional Camper	\$325	\$355
Trail to Eagle	\$325	\$325
AdVenture Camp* (coed)	\$340	\$340
Extreme Adventure Week*	\$305	\$335
OA Rendezvous**	\$205	\$205
2 nd Week Discount	\$100***	\$100***
Brother Discount	\$40	\$40

* must be at least 13 years old
 ** \$100 discount does not apply
 *** with coupon

**PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW
 (PROGRAM OR SESSION NOT OFFERED ON SHADED DATES)**

Camp	1	2	3	4	5	6	7
411 Camp J.N. Webster							
471 Camp Workcoeman							
431 Camp Mattatuck							

SPECIALTY CAMPS							
	1	2	3	4	5	6	7
411							
411							
471							
431							
411							

Persons with special needs are welcome and encouraged to participate. Please indicate below any special accommodations you may need.

Allergies: _____

Refunds will be given up to two (2) weeks prior to camp with written notification, and until the day of arrival with a written notice from a doctor in case of illness. All refunds for Resident Camps are subject to a \$45 service charge. Refunds will not be given if requests are received after the start of the camp session in which the camper was scheduled to attend. Connecticut Rivers Council, P.O. Box 280098, East Hartford, CT 06128-0098 www.ctrivers.org

If you are attending a Specialty Camp or as a Provisional Camper, please mail this application AND the fee to:
Connecticut Rivers Council, BSA P.O. Box 280098 East Hartford, CT 06128
 Scoutmasters of troops attending camp as a chartered troop: Please collect these forms and submit with the troop roster form provided by the Council.
Please submit ONE troop check for total fees paid when submitting camp payments to the council. Thank you!