



# 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 # 13 Town Chester

District: Mattabessett

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 Troop 13

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	
<b>Trail to Eagle Camp</b>	July 6-12 at Webster July 27-Aug 2 at Workcoeman
<b>Extreme Adventure Week</b>	August 3-9 at Mattatuck
<b>OA Rendezvous</b>	August 3-9 at Webster
<b>AdVenture Camp</b>	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 <sup>nd</sup> 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	6/29-7/5	7/6-12	7/13-19	7/20-26	7/27-8/2	8/3-9	8/10-16
411 Camp J N Webster							
471 Camp Workcoeman							
431 Camp Mattatuck				X			

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!**

		7/6-12	7/27-8/2	8/3-9	8/10-16
411	Trail to Eagle Webster				
411	AdVenture Camp Webster				
471	Trail to Eagle Workcoeman				
431	Extreme Adventure Mattatuck				
411	OA Rendezvous Webster				