



# Fire Mountain Webelos Resident Camp

# 2017

Registration due  
by May 31, 2017

Begins: Wednesday, June 28<sup>th</sup> at 1:00PM Ends: Saturday, July 1<sup>st</sup> at 10:00AM

Pack #: \_\_\_\_\_ Web 1 or Web 2/AOL (please circle level for 2017/18 year)

Webelos Scout Attending: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ c/w/h Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ c/w/h

Email: \_\_\_\_\_ (Print clearly – an email letter will be sent prior to the event)



Is the Webelos Scout attending with his Den or with his parent(s)? Den \_\_\_\_\_ Parent(s) \_\_\_\_\_

Name of adult(s) attending with Scout: \_\_\_\_\_

NOTE: If not going with den, at least one parent must attend. Dens must meet 2-deep leadership requirements.

### Fees if paid by May 31<sup>st</sup>

### Fees after May 31<sup>st</sup> (if space available)

Webelos \$165 each \_\_\_\_\_  
 Sibling \$75 each \_\_\_\_\_  
 Adult \$50 each \_\_\_\_\_  
 Adult T-Shirt\* \$10 each \_\_\_\_\_

Webelos \$195 each \_\_\_\_\_  
 Sibling \$90 each \_\_\_\_\_  
 Adult \$60 each \_\_\_\_\_

**Total Fees Paid** \_\_\_\_\_

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\*Adult T-shirt order must be paid by May 31<sup>st</sup> deadline. Please select size: AS AM AL AXL 2XL 3XL  
 (Shirts may be available at camp at an increased cost and limited to stock on hand.)

T-shirt for Webelos Scout is included. Please select size: YM YL AS AM AL AXL

**Camp Refund Policy:** Requests concerning refunds must be made in writing to the Mount Baker Council Service Center, 1715 – 100<sup>th</sup> PI SE, Suite B, Everett, Washington 98208 at least 30 days prior to the start of camp. A service charge of \$25.00 is assessed on all refunds. No refunds are granted for requests made less than 30 days prior to camp, unless there is a medically documented illness/injury, death in the family or the family moves out of the area. To receive consideration for these cases, our refund request form must be submitted before or on the date of arrival at camp. Form on [www.mountbakerbsa.org](http://www.mountbakerbsa.org) under camping.

**Return this form with payment to: Mount Baker Council, BSA**  
 1715 - 100<sup>th</sup> PI SE, Suite B  
 Everett, WA 98208

**For credit card/debit card payment:**  
 Call (425) 338-0380  
 Fax (425) 338-3477

**\*\*Bring a copy of participants' current BSA medical form (Parts A & B) to turn in at camp check-in.\*\***

A BSA Annual Health and Medical Record (Parts A & B) must be completed for each adult and youth attending this event. The fillable PDF medical form is available at [www.mountbakerbsa.org](http://www.mountbakerbsa.org) under 'BSA forms'.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_