



## 2004 Cub Scout Resident Camp

Bucks County Council, Boy Scouts of America  
at Camp Kirby

### Youth Application

**Please use a separate form for each boy/session.**

Pack # \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

Pack Coordinator name and number \_\_\_\_\_

Camper Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency contact person/phone \_\_\_\_\_

Alternate contact person/phone \_\_\_\_\_

Physician name and number \_\_\_\_\_

Insurance name and policy number \_\_\_\_\_

T-shirt size:

\_\_\_ Youth14-16 \_\_\_ Adult S \_\_\_ Adult M \_\_\_ Adult L \_\_\_ Adult XL \_\_\_

(Remember – your son will probably grow by summer!)

Please complete the appropriate health form for your session. All boys attending **mini-camp or three-day sessions need Class I only**. They do not need a physical exam or doctor signature. Boys attending **Webelos Extended need Class I and II**, including a physical exam and signature of a licensed physician. Physicals may be turned in at the Council Service Center in a sealed envelope marked “Confidential Medical Forms – Camp Kirby” or brought to camp on arrival. Sending them in advance allows us to check for errors.

(over)

# 2004 Cub Scout Resident Camp

## Youth Application

Page 2

Pack # \_\_\_\_\_

Camper Name \_\_\_\_\_

Check session attending.

3-day sessions for Cubs or Webelos

<p>_____ Session 1 July 18<sup>th</sup> – 21<sup>st</sup></p> <p>_____ Session 3 July 25<sup>th</sup> – 28<sup>th</sup></p> <p>_____ Session 5 August 1<sup>st</sup> – 4<sup>th</sup></p> <p>_____ Session 7 August 8<sup>th</sup> – 11<sup>th</sup></p>	<p>_____ Session 2 July 21<sup>st</sup> – 24<sup>th</sup></p> <p>_____ Session 4 July 28<sup>th</sup> – 31<sup>st</sup></p> <p>_____ Session 6 August 4<sup>th</sup> – 7<sup>th</sup></p> <p>_____ Session 8 August 11<sup>th</sup> – 14<sup>th</sup></p>
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Webelos Extended for boys who have completed 3<sup>rd</sup> or 4<sup>th</sup> grade

_____ Session 1-2 July 18 <sup>th</sup> – 24 <sup>th</sup>	_____ Session 5-6 August 1 <sup>st</sup> - 7 <sup>th</sup>
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Mini-camp

Sunday-Monday

\_\_\_\_\_ Session 1M July 18<sup>th</sup>-19<sup>th</sup>

\_\_\_\_\_ Session 3M July 25<sup>th</sup> – 26<sup>th</sup>

\_\_\_\_\_ Session 5M August 1<sup>st</sup>-2<sup>nd</sup>

\_\_\_\_\_ Session 7M August 8<sup>th</sup> – 9<sup>th</sup>

Thursday-Saturday

\_\_\_\_\_ Session 2M July 22<sup>nd</sup> – 24<sup>th</sup>

\_\_\_\_\_ Session 4M July 29<sup>th</sup> – 31<sup>st</sup>

\_\_\_\_\_ Session 6M August 5<sup>th</sup> – 7<sup>th</sup>

\_\_\_\_\_ Session 8M August 12<sup>th</sup> – 14<sup>th</sup>

Type program

If paid in full by:

	<b>March 19<sup>th</sup></b>	<b>April 30<sup>th</sup></b>	<b>May 1<sup>st</sup> or later</b>
Three-day	\$140.00	\$150.00	\$170.00
Webelos Extended	\$280.00	\$300.00	\$340.00
Mini 1, 3, 5, 7	\$ 80.00	\$ 90.00	\$100.00
Mini 2, 4, 6, 8	\$ 90.00	\$100.00	\$110.00

Deposits are non-refundable. Financial aid applications are available at the Council Service Center. Any requests for refunds for illness or family emergency must be made in writing to the camp director.

Questions? Call the Bucks County Council Service Center at 215-348-7205 or contact Alice Breon, Camp Director, at kirbydirector@hotmail.com.