



FIRE MOUNTAIN SCOUT CAMP PROVISIONAL CAMPER REGISTRATION - 2017

In-Council youth = \$325 if paid by May 15th; \$345 after May 15th; \$365 if paid at camp
Out-of-council youth = \$340 if paid by May 15th; \$360 after May 15th; \$380 if paid at camp

Week # _____ Dates _____ Your Troop # _____ Council Name _____

Scout's Name _____ Age _____ Rank _____

Address _____ City/State/Zip _____

Phone Number _____ E-mail _____

Parent/Guardian's Name(s) _____

Parent/Guardian phone numbers _____

Emergency/Alt. contact name/phone number _____

Accident Insurance _____
(Carrier/Policy Number)

******* Bring current BSA medical form (Parts A, B & C) with you to camp to turn in at check-in.*******

Camp Refund Policy:

Requests concerning refunds must be made in writing to the Mount Baker Council Service Center, 1715 – 100th PI SE, Suite B, Everett, Washington 98208 at least 30 days prior to the start of camp. A service charge of 25% 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 under camping.

Parent/Guardian Signature _____ Buddy/Troop request: _____

Check if parent is attending. Name: _____ (adult fee \$80)

Scoutmaster Recommendation (camp experience, leadership, camp goals?) _____

Scoutmaster Signature _____ Date _____

~Office use only~

Opportunity Fund - Yes No

Fees Paid \$ _____ Campsite & Troop Assigned _____

Receipt # _____ Date _____