**Please Read Prior To Registering**

Cub Scout Day Camp is a parent-supported camp. It models the family participation in our year-round programs. All day camp staff are volunteers. Camp cost is subsidized by parent/adult volunteers. You, or any responsible adult over 18 that you designate, must volunteer for ONE DAY per registered Cub Scout or as directed by the Cub Camp Director. Some camps offer a volunteering opt-out plan to accommodate families that are willing to pay more to opt-out of volunteering. The spaces are limited to help us maintain appropriate adult supervision. Online registration is required for participation in the volunteering opt-out plan.

All parent/guardians must attend the orientation held prior to camp. If you have specific questions about these requirements, please contact the Camp Director of your preferred camp prior to registering.

Registration, both online and paper, requires completion of all forms listed below.

See [svmbc.org/cubcamp](http://svmbc.org/cubcamp) for forms and more information.

### Registration Forms Checklist

<table>
<thead>
<tr>
<th>forms for Cub Scouts</th>
<th>forms for Attending Adults</th>
<th>forms for Sibling Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ BSA Health and Medical Record Forms AB</td>
<td>❑ BSA Health and Medical Record Forms AB</td>
<td>❑ BSA Health and Medical Record Forms AB</td>
</tr>
<tr>
<td>Form A: Two guardian signatures are required, unless sole guardianship, please indicate if applicable. Form B p2: Include immunization dates and copy of front and back of medical insurance card.</td>
<td>Form B p2: Include immunization dates and copy of front and back of medical insurance card.</td>
<td>Form B p2: Include immunization dates and copy of front and back of medical insurance card.</td>
</tr>
</tbody>
</table>

*Per California State Law: health forms may not be emailed*  
*If not insured, please write “NA” on Form B p1.*

<table>
<thead>
<tr>
<th>❑ Cub Scout Registration Form</th>
<th>❑ Youth Protection Training Certificate</th>
<th>❑ Sibling Registration Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration form is automatically completed via online registration.</td>
<td>Available at my.scouting.org/</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>❑ Cub Scout Information Sheet</th>
<th>❑ Attending Adult Camp Information Sheet</th>
<th>❑ Firearms Permission Form</th>
</tr>
</thead>
</table>

Completed forms may be submitted to our Service Centers on or before our walk-in registration day on April 4 or mailed directly to your Camp Director. Contact your Camp Director for detailed instructions.

[www.svmbc.org/cubcamp](http://www.svmbc.org/cubcamp)
## 2020 Cub Scout Summer Camp Registration

Cub Scout’s Name: ___________________________________

Parent/Guardian Name: ___________________________________

Email and phone number: ___________________________________

### Registration Fees

Select camp(s) and write in amount on right, total amount at bottom.

Discount Early Bird Pricing ends Thursday, April 30

<table>
<thead>
<tr>
<th>Name of Camp</th>
<th>Date</th>
<th>Early Price</th>
<th>Early Discount Due by April 30</th>
<th>Standard Price After May 1</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chenoa¹</td>
<td>June 15-19</td>
<td>$155</td>
<td>April 30</td>
<td>$200</td>
<td>$</td>
</tr>
<tr>
<td>Camp Camp Chesebrough¹</td>
<td>July 27-31</td>
<td>$200</td>
<td>April 30</td>
<td>$250</td>
<td>$</td>
</tr>
<tr>
<td>Gilroy 5-Day Camp¹</td>
<td>June 22-26</td>
<td>$165</td>
<td>April 30</td>
<td>$210</td>
<td>$</td>
</tr>
<tr>
<td>Gilroy 1-Day Camp</td>
<td>June 27</td>
<td>$50</td>
<td>April 30</td>
<td>$75</td>
<td>$</td>
</tr>
<tr>
<td>Lake Cunningham #1¹</td>
<td>June 15-19</td>
<td>$225</td>
<td>April 30</td>
<td>$275</td>
<td>$</td>
</tr>
<tr>
<td>Lake Cunningham #2¹</td>
<td>July 13-17</td>
<td>$225</td>
<td>April 30</td>
<td>$275</td>
<td>$</td>
</tr>
<tr>
<td>Manzanita Park¹</td>
<td>June 15-19</td>
<td>$120</td>
<td>April 30</td>
<td>$150</td>
<td>$</td>
</tr>
<tr>
<td>Shaffer Park</td>
<td>July 11</td>
<td>$50</td>
<td>April 30</td>
<td>$75</td>
<td>$</td>
</tr>
<tr>
<td>Stevens Creek²</td>
<td>July 27-31</td>
<td>$190</td>
<td>April 30</td>
<td>$245</td>
<td>$</td>
</tr>
<tr>
<td>Vasona²</td>
<td>June 22-26</td>
<td>$180</td>
<td>April 30</td>
<td>$230</td>
<td>$</td>
</tr>
<tr>
<td>Webelos Resident #1</td>
<td>June 11-14</td>
<td>$295</td>
<td>April 30</td>
<td>$315</td>
<td>$</td>
</tr>
<tr>
<td>Webelos Resident #2</td>
<td>June 18-21</td>
<td>$295</td>
<td>April 30</td>
<td>$315</td>
<td>$</td>
</tr>
<tr>
<td>Webelos Resident Adult</td>
<td></td>
<td>$180</td>
<td>April 30</td>
<td>$200</td>
<td>$</td>
</tr>
<tr>
<td>Number of Extra T-shirt</td>
<td></td>
<td>$10 each</td>
<td># of extras</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Volunteering Staff All Week</td>
<td></td>
<td></td>
<td>Prior Camp Director Approval Required</td>
<td>-$</td>
<td></td>
</tr>
<tr>
<td>¹Volunteer Opt-Out ($100/day)</td>
<td></td>
<td></td>
<td>Limited spots only available with online registration, Tigers Excluded, Not available for 1-day camps</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(²Registration closes 1-week prior to camp start)

| GRAND | TOTAL | $ |

### Payment Information

- Cash
- Check (payable to SVMBC)
- Credit Card  
  
  *If paying by credit card*

Name on card: __________________________________________________________

Credit Card Number: __________ __________ __________ __________  Exp: ___ / ____  Security code: ______

Signature: ____________________________________________________________________________________

---

Cancellation Policy: If there are any cancellations, notify the Activities Director in writing at least 14 days prior to the committed date. All refunds/transfer are subject to a 25% cancellation fee. There are no refunds 14 days before the event. The event will be held rain or shine. No refunds due to weather.

---

Camperships (Financial Assistance)

Available for Camps!  

go to: svmbc.org/cubcamp to find more information and to download the application — limit one per year.

---

970 W Julian Street  
San Jose, CA 9512  
408-638-8300

919 N Main Street  
Salinas, CA 93906  
831-287-2027

E-mail: CubCamp@svmbc.org  
Website: www.svmbc.org/cubcamp

Page 2
## 2020 Cub Camp Registration Form

### Cub Scout Information

Cub Scout Name: ________________________________
Preferred Name: __________________________________
Parent/Guardian Name: ____________________________
Address: _______________________________________
________________________________________________
________________________________________________
Email: __________________________________________
Phone: __________________________________________
Pack #/District: __________________________________

### Grade and program level

**starting school in fall of 2020**
- [ ] First
- [ ] Second
- [ ] Third
- [ ] Fourth
- [ ] Fifth
- [ ] Tiger
- [ ] Wolf
- [ ] Bear
- [ ] Webelos
- [ ] Arrow of Light

### Indicate Camp Date

<table>
<thead>
<tr>
<th>Indicate Camp</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chenoa</td>
<td>June 15-19</td>
</tr>
<tr>
<td>Cub Camp Chesebrough</td>
<td>July 27-31</td>
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<tr>
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<tr>
<td>Lake Cunningham #1</td>
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<td>June 11-14</td>
</tr>
<tr>
<td>Webelos Resident #2</td>
<td>June 18-21</td>
</tr>
</tbody>
</table>

### Cub Camp T-Shirt Size

One shirt is provided for each Cub Scout participant, additional t-shirts are available for $10 purchase — please add number of additional shirt sizes to page 2 order form and pay for them at registration. Write in how many of each size shirt you want.

#### Youth Sizes
- [ ] Youth Small _____
- [ ] Youth Medium _____
- [ ] Youth Large _____

#### Adult Sizes
- [ ] Adult Small _____
- [ ] Adult Medium _____
- [ ] Adult Large _____
- [ ] Adult X Large _____
- [ ] Adult 2X Large _____
- [ ] Adult 3X Large _____
- [ ] Adult 4X Large _____

### Help us support your child at camp by checking all that apply and providing details:

- [ ] Allergies (list allergies) ______________
- [ ] Asthma ________________________________
- [ ] Behavior-Related (describe) _____________
- [ ] Dietary (describe) _____________________
- [ ] Mobility (describe) ____________________
- [ ] Other (describe) _______________________

Will the Cub Scout need medication at camp? If yes, please list:

__________________________________________
__________________________________________
__________________________________________

---

E-mail: CubCamp@svmbc.org  
Website: www.svmbc.org/cubcamp
2020 Cub Camp Registration Form
Attending Adult Camp Information Sheet

Name: __________________________________________
Email: _________________________________________
Phone: _________________________________________
Address: _______________________________________
_____________________________________________

Preferred volunteer days:
❑ Monday ❑ No preference
❑ Tuesday ❑ Resident Camp
❑ Wednesday ❑ Available All Week
❑ Thursday ❑ Volunteer Camp Staff
❑ Friday

Cub Scout’s Name? _______________________________

Are you supporting multiple Cub Scouts at camp?
If yes, please list:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What camp(s) are you attending?____________________

Required Adult Documentation:
❑ Current Youth Protection Training (Exp Date: ______)
❑ Health Form AB

Optional Adult Documentation:
❑ First Aid/CPR/AED
❑ BSA Member #: _________________
❑ Other: _________________________

Help us support you at camp by checking all that apply and providing details:
❑ Allergies (list allergies)________________
________________________________________________________________________
❑ Asthma ____________________________
________________________________________________________________________
❑ Behavior-Related (describe) _______
________________________________________________________________________
❑ Dietary (describe) _________________
________________________________________________________________________
❑ Mobility (describe) ________________
________________________________________________________________________
❑ Other (describe) _________________
________________________________________________________________________

Will you bring medication to camp?
If yes, please list:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

970 W Julian Street
San Jose, CA 95121
408-638-8300

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Salinas, CA 93906
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