



Katahdin Scout Reservation • Camp Roosevelt
 Provisional Camper Reservation Form 2011 Camp Season
 Katahdin Area Council • Boy Scouts of America



Pack / Troop / Crew # _____.

Name (Scout) _____ Phone (W) _____

Legal Guardian Signature _____ Email address _____ @ _____

Your signature acknowledges that pictures and video taken during camp may be used in promotional materials and you agree to a media release.

Address _____ Phone (H) _____

City _____ State _____ Zip _____ Grade in September ('11) _____

If attending with you Pack, Troop or Crew, do not fill this form out unless attending an additional week.
 All reservations are subject to availability. There is a \$50 non-refundable registration fee.

*During Cub Resident Camp, we will attempt to accommodate your son's request.
 Please list name of friends (Cub Scouts) he would like to stay with:*

Name one: _____ Name two: _____

Day Camp Provisional

Please check Week attending: Washington Day Camp 6/23-6/25: _____ Waldo Day Camp 6/23-6/25 _____
 North Star Day Camp 7/14-7/16: _____ Hancock Day Camp 7/14-7/16: _____ Penquis Day camp 7/7-7/9: _____

Cub Resident Camp Provisional

Cub Scout Provisional Session #1: 7/31—August 5th _____ Session #2: August 7th—12th _____

Pal & Me & C.O.W Cub Overnight **WOW!**

Pal & Me Session #1 7/24th—7/26th Pal & Me Session #2 7/26th—28th
 C.O.W. Session #2: 7/29-7/30 _____

Provisional: Boy Scout Resident Camp + Specialty Weeks

National Youth Leadership Training (NYLT) 7/25-7/30 * Counselor in Training (C.I.T.) is a multi week program.

Boy Scout Provo. #1: 6/26 - 7/2 _____ Wk #2: 7/3 -9 _____ Wk #3: 7/10 - 7/16 _____ Wk #4: 7/17 - 7/23 _____
 Eagle Week: 7/24 - 7/30 _____ SCUBA Week: 7/17- 7/23 _____

Check all that apply: CIT BS WK1 CIT BS WK2 CIT BS WK3 CIT BS WK4

Call 866-2241 for NYLT/CIT application and additional information or go online (www.katahdinareabsa.org)

NYLT is a training event held at camp. *NYLT does not qualify for a second week discount.*

Fees: _____ X _____ (youth) = _____. Total amount enclosed. *Do not mail cash please.*

(See Fee Sheet)

Please check payment form _____ Check _____ Credit Card (MC/VISA/DISC) # _____ EXP. (Month/Year) _____

3 digit Sec. Code on back _____. Name as appears on card _____.

Please mail completed form to: Katahdin Area Council, BSA, PO Box 216, Bangor ME 04402-1889