

# Fall Event Registration Form

*To register online or to print additional registration forms, visit [www.cfcbsa.org](http://www.cfcbsa.org) and click on 'activities'.*

**Select your event and date: One event per registration form, please.**

- |  |   |
|--|---|
| <input type="checkbox"/> Cub Halloween Adventure Main Camp (F022)<br><input type="checkbox"/> October 3-5 Main Camp (A3)<br><input type="checkbox"/> October 10-12 Main Camp (B3)<br><input type="checkbox"/> October 17-19 Main Camp (C3)<br><input type="checkbox"/> October 24-26 Main Camp (D3)<br><input type="checkbox"/> Cub Halloween Adventure Camp Rybolt (F022)<br><input type="checkbox"/> October 17-19 Camp Rybolt (E3)<br><input type="checkbox"/> October 24-26 Camp Rybolt (F3) | <input type="checkbox"/> Fun with Son (F065)<br><input type="checkbox"/> November 14-16 (A3)<br><input type="checkbox"/> December 5-7 (B3)<br><input type="checkbox"/> Cub Holiday Adventure (F022)<br><input type="checkbox"/> December 12-14 (E3)<br><input type="checkbox"/> Tiger Growl (first graders only) (F015)<br><input type="checkbox"/> November 21-23 (A3) |
|--|---|

**One family per registration form, please.**

Scout's Name:		Scout's Birthdate:	
Accompanying Parent/Guardian Name(s):			
<i>Note: At least one parent or guardian must attend the event with the Scout.</i>			
Home Phone:		Daytime Phone:	
Address:			
City, State, Zip:			
Pack No.:		Email:	
Special Needs (wheelchair, medical, etc.):			
<b>(Please circle one)</b>			
Using own tent		Using camp tent	
Not camping			
Program Fee <i>(includes optional use of tent and cot)</i> : \$18.00 x ___ person(s) = \$_____			
Friday Evening Meal Deal \$4.50 x ___ person(s) = \$_____ (hamburger or hot dog or pizza, chips, drink)			
<b>Meals (if you wish to purchase meals, please complete this section; or you may cook your own meals):</b>			
Note: meals are not available if you are camping at Camp Rybolt/Scout Ranch for Halloween Adventure.			
Sat. Breakfast \$5.00 x ___ person(s) = \$_____		Sun. Breakfast \$5.00 x ___ person(s) = \$_____	
Sat. Lunch \$5.25 x ___ person(s) = \$_____		All four meals \$20.00 x ___ person(s) = \$_____	
Sat. Dinner \$6.25 x ___ person(s) = \$_____		Total cost for meals = \$_____	
<b>TOTAL FEES</b> <i>(add program fee total and meal total)</i> : \$ _____			

Make checks payable to Central Florida Council and mail to: Wayne Densch Boy Scout Service Center, 1951 S. Orange Blossom Trail, #102, Apopka, FL, 32703. If paying my credit card, you may also fax this form to 407-889-4406 or **you may register online at <http://www.cfcbsa.org>** (click on 'activities').

Cash or Check	Check #:	Amount:
Visa/ Discover/America		
Exp. Date:	Signature:	

**Due to high attendance, no admittance without advance registration!**