



BOY SCOUTS OF AMERICA

TROOP 31

RAMSEY, N.J.

SERVING THE YOUTH OF RAMSEY SINCE 1912

To All Scouts:

March 11, 2010

This is the official registration form you must complete to attend Camp No-Be-Bo-Sco in Blairstown, NJ with Troop 31 during the week of August 1st to August 7th. The Camp runs a full Merit Badge program and a special "First Class Adventure" program for scouts working toward their First Class Rank. All registration forms must be returned to Mrs. Vinelli by Wednesday, April 14, 2009. Please note that this registration form is for the Troop's week at the Camp. If you plan to attend a different week, you must submit a separate Provisional Troop registration.

Camp No-Be-Bo-Sco has been filled to capacity each week for the past several years. If you do not submit your form during the early registration period, you may not be able to attend camp. You should be aware, however, that Camp No-Be-Bo-Sco does not refund registration fees. If you sign up early and decide not to attend, the camp keeps \$50 of your registration fee. The remaining balance of your camp fee (\$275/\$295) can be applied as a credit for next year's camp, but will not be returned to you.

If you need to check the balance in your scout account, please contact Jacki Vinelli at (845) 369-1626 or Andre Floyd at (201) 818-0854. If you have any questions, please see either of us at one of the March meetings or call us.

## Camp No-Be-Bo-Sco – August 1 through 7, 2010

I am going to this summer camp and want to pay the discounted fee.

Name: \_\_\_\_\_

I would like to pay the **\$325.00** summer camp fee as follows:

Check enclosed for \$\_\_\_\_\_ Take \$\_\_\_\_\_ from my Scout account

One of my parents is interested in being an adult assistant for the week at camp.

T-Shirt Size: YL-S-M-L-XL-2XL \_\_\_\_\_

### Informed Consent Agreement

I give my permission for the above named scout to attend the activity listed above including any travel and transportation provided by B.S.A. Troop 31. I understand that participation in the above activity involves a certain degree of risk. I have carefully considered the risk involved and give my consent for the above-mentioned child to participate in the activity

I also give permission for any Adult Leader of Troop 31, or any adult acting as their agent, to seek emergency medical assistance in the event it is needed. If I cannot be reached, I give permission for emergency medical personnel to take what ever steps are necessary to ensure the proper course of treatment for the above-mentioned minor child.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please print.) \_\_\_\_\_

Return this reservation form by **April 14, 2010** to Jacki Vinelli or Andre Floyd at a Troop meeting, or mail to her home at 1 Yorkshire Drive, Suffern, NY 10901.

*Any reservation form received after April 14, 2010 will be subject to availability and will require payment of the full camp fee of \$355.00.*