

REGISTRATION FORM 2018 PATRIOT DAYS

Group Name: _____ Place: _____
Circle → Boy Scout Girl Scout Senior Junior Cadette Camp Fire Cub Other

Contact Name: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ e-mail: _____

Camp Leader: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell phone in camp, if any (____) _____ e-mail: _____

Expected Campers	Male Leaders	Female Leaders	Boys	Girls	Total
Ages 11 and over					
Ages 10 and under					

This is our unit's first time at Patriot Days: Yes: No:

COMMENTS & HELP SECTION	Any special needs? Any special activities that you can help with?
------------------------------------	--

Signature of group leader: _____
 I acknowledge that I have thoroughly read this pamphlet.

Make Checks payable to: Patriot Days Encampment Committee

Send Registration by June 2 to:

<p style="text-align: center;"><i>My payment is enclosed for:</i></p> <p><input type="radio"/> \$ 50 minimum unit registration fee</p> <p><i>or</i> <input type="radio"/> \$ _____ full \$20-per-camper registration FULL WEEKEND</p> <p><i>or</i> <input type="radio"/> \$ _____ full \$10-per-camper age 11 and over SATURDAY</p> <p><i>or</i> <input type="radio"/> \$ _____ full \$5-per-camper age 10 & under SATURDAY ONLY</p> <p><i>Note that the Full Weekend registration fee includes patch. Saturday Only fee does not.</i></p>	<p style="text-align: center;">Patriot Days PO Box 827 Shillington, PA 19607-0827</p> <p><input type="radio"/> Camping for entire weekend ?</p> <p><input type="radio"/> Visiting Saturday for the day ?</p>
--	--

*** OFFICIAL USE ONLY ***				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	Boy Scout	Girl Scout	Camp Fire	Young Camper
Unit: _____			Campsite: _____	
Postmark: _____			Received: _____	
Check #: _____			Bank: _____	
I acknowledge receipt of patches _____			Total campers	
I acknowledge settlement refund of \$ _____			\$ _____ per camper \$ _____	
Patriot Days check # _____			less deposit _____	
Leader signature: _____			due/refund \$ _____	
			*** Minimum Fee *** \$50.00 per unit	