

# Cub Adventure Resident Camp Adult Registration Roster

Pack No. \_\_\_\_\_ Session Dates: \_\_\_\_\_

District (Please circle):

Golden Gate

**-OR-** Council (if outside of SFBAC)

Mission Peak

Peralta

Tres Ranchos

Twin Valley

Pack Camp Representative:      Going to camp? Y/N

Name \_\_\_\_\_

Address \_\_\_\_\_

Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Home ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Circle days you will attend  
M T W Th F

Circle days you will attend  
M T W Th F

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Home ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Circle days you will attend  
M T W Th F

Circle days you will attend  
M T W Th F

**DUE BY JULY 7<sup>th</sup> WITH FULL PAYMENT.**