

2010 Family Camp Weekend Registration

First Name of Cub Scout _____ Family Last Name _____
 Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Pack # and Town _____
 Family Email Address _____

Select a Family Camp Weekend to attend:

- Weekend 1 June 5 - 6
- Weekend 2 June 12 - 13
- Weekend 3 June 19 - 20
- Weekend 4 June 26 - 27

Name of Participants:	Fee
1. (Cub Scout) _____	\$54.50 (\$39.50 if before May 1)
2. (Parent) _____	\$54.50 (\$39.50 if before May 1)
3. _____	\$15.00
4. _____	\$15.00
5. _____	\$15.00
6. _____	\$15.00
Total Fees	\$ _____



Why fill out and mail paperwork?

**Register Electronically
 at Our Secure Web Site
www.ktc-bsa.org**

Payment



- Check
- American Express
- Discover
- MasterCard
- Visa

Make checks payable to: Knox Trail Council, BSA

Name as it appears on card _____

Card Number _____ Expiration Date _____ Card ID # _____

Signature _____

Total payment \$ _____

I hereby give my son permission to attend the camp session(s) indicated above. I have enclosed full payment for each session. I have read this entire application and camp brochure and understand and agree to abide by the outlined deadlines and conditions. All Family Camp programs are non-refundable but are transferrable to a different Family Camp Weekend in the same camping season pending availability.

Photo Release Statement: I hereby assign and grant to the Knox Trail Council the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made during my family's visit to Camp Resolute by the Knox Trail Council, and I hereby release the Knox Trail Council, Boy Scouts of America from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Knox Trail Council and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent Signature _____ Date _____

Mail completed application to: Knox Trail Council, 490 Union Avenue, Framingham, MA 01702 or fax to 508-872-9092