

CUB ADVENTURE WEEKEND

AT CAMP BABCOCK-HOVEY - OVID, NY

Seneca Waterways Council, BSA, 474 East Ave., Rochester, NY 14607

COMPLETE THIS FORM & TURN IT IN TO YOUR PACK CAMP COORDINATOR

Cub Scout Name: _____

District: _____ Pack #: _____

Address: _____ Town: _____ Zip: _____

Telephone #: (_____) _____ Birth date: _____ Age: _____

Email Address: _____ Current School Grade: _____

Fee: \$80.00 for Scouts & adult partner (Full Fee due by 6/15/11)

_____ **July 16 - 17 Camp Babcock-Hovey, Ovid**

NAME OF ADULT PARTNER: _____

PHONE: (_____) _____ EMAIL: _____

ALL CUB SCOUTS AND ADULTS ATTENDING CUB ADVENTURE WEEKEND

MUST COMPLETE THE ANNUAL HEALTH AND MEDICAL RECORD

Refund Policy. Deposits are non-refundable but may be transferred to another Scout within the Pack.

Camp refunds, exclusive of deposits, will be issued only under the following conditions:

- 1) Valid medical reasons, certified by a camp health officer or family physician.
- 2) Unavoidable family emergency.
- 3) Required summer school attendance

(Requests for refunds must be received in writing by September 1, 2011)

**Vacation plan changes do not constitute an emergency.

All Seneca Waterways Camps are nationally accredited with the Boy Scouts of America. Rules for acceptance are the same for everyone without regard to race, color or national origin.