

**CUB SCOUT CAMPERSHIP APPLICATION**

All information requested on this application will be kept strictly confidential. All sections (2 pages) must be filled in **completely** with all requested information in order to be considered. Applications will be reviewed by the Cub Scout Camping Committee.

**SECTION A (TO BE COMPLETED BY PARENT)**

Camper's Name \_\_\_\_\_ Unit # \_\_\_\_\_

Camp Attending \_\_\_\_\_ Dates \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

# and age of siblings \_\_\_\_\_

Any going to camp? \_\_\_\_\_ Camp Fee: \$ \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Family Pays: \$ \_\_\_\_\_ Unit Pays: \$ \_\_\_\_\_

Describe any recent exceptional expenses for your family \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_



**SECTION B (TO BE COMPLETED BY UNIT LEADER)**

Does your unit use a savings plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your unit have fund raising to help youth go to camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Did this applicant participate? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your unit participate in Friends of Scouting (FOS)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your unit participate in the annual Trail's End Popcorn Sale? Yes \_\_\_\_\_ No \_\_\_\_\_

**GIVE REASONS WHY CAMPERSHIP IS NEEDED**

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Unit Leader's Name \_\_\_\_\_ Position \_\_\_\_\_

Unit Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**ALL CAMPERSHIP APPLICATIONS MUST BE RECEIVED NO LATER THAN MAY 2, 2010 BY 5:00 p.m. AT THE CENTER FOR SCOUTING. LATE APPLICATIONS CANNOT BE CONSIDERED.**

Send to: Bay-Lakes Council, BSA  
P.O. Box 267  
Appleton, WI 54912

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Date Received \_\_\_\_\_ Amount of Campership \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Date Mailed to Leader \_\_\_\_\_