



ADVENTURE CAMP REGISTRATION FORM CAMP CROOKED CREEK

School _____

Address _____ Zip _____

Lead Teacher _____

Home Phone _____ Work Phone _____

Email Address _____

TOTAL YOUTH ATTENDING _____ TOTAL ADULTS ATTENDING _____

Your class will only attend camp on one day. Please make three choices as to the day you prefer to attend and number them, 1, 2 and 3. A confirmation letter will go to you asap so you can make bus arrangements. Dates will be filled on a first come, first served basis.

_____ Monday, Sept. 18, 2017, 9:00 a.m. -2:00 p.m. WHEELCHAIR DAY!!!

_____ Tuesday, Sept. 19, 2017, 9:00 a.m. - 2:00 p.m.

_____ Wednesday, Sept. 20, 2017, 9:00a.m.-2:00p.m.

_____ Thursday, Sept. 21, 2017, 9:00 a.m.-2:00 p.m.

_____ Friday, Sept. 22, 2017, 9:00 a.m.-2:00 p.m.

TRANSPORTATION REIMBURSEMENTS

Limited funding is available to registered Scouting Unlimited groups to reimburse transportation costs to Adventure Camp. Please arrange for your bus. After you have attended Adventure Camp, send an email or letter stating the day you went to camp, your school name and address and your name along with the invoice. **Buses will not be reimbursed after October 15, 2017 - no exceptions.** Email to rholmber.lflmail.org or Fax to 502-361-7899.

Note: If your bus will be less than 75% full, please contact a school near you and share the ride and the cost. Call Scouting Unlimited for a list of schools from your area that will be attending.

****FAX, OR E-MAIL THIS FORM ON OR BEFORE September 13, 2017 TO rholmber@lflmail.org or FAX: 361-7899.**