



YOUTH SUMMER CAMP APPLICATION

\* Denotes Required Field

\* Name: \_\_\_\_\_

\* Email: \_\_\_\_\_

\* Phone: \_\_\_\_\_

\* Address: \_\_\_\_\_  
\_\_\_\_\_

\* Rank: \_\_\_\_\_

\* # Years at Camp: \_\_\_\_\_

Troop Position (if applicable): \_\_\_\_\_

Mic-o-Say Rank (if applicable): \_\_\_\_\_

Special Needs (health, dietary, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: All youth and adult participants MUST turn in a current BSA Medical Form (Parts A, B & C which include a doctor's visit and signature) by June 5. BSA Medical Forms must be renewed each calendar year.