



Part-Time Adult Leader Form

Part-Time Adult Leader Name: _____ **Gender:** M / F **Troop:** _____

Please circle one: **Week 1** **Week 2** **Week 3** **Week 4** **Week 5** **Week 6**

We welcome adult leaders that for a number of reasons might not be able to spend the entire week with their troop. Part-time adults are a challenge to plan for with regard to Dining Hall seating and tent usage, especially when the number of campers in a particular week approaches our maximum capacity. **Complete one of these forms for each part-time adult leader including those sharing a full-time slot.** This will help the Dining Hall staff plan seating and headquarters track who is expected to sign in mid-week. Part-time adults are reminded to sign in at the camp office when arriving and sign out when leaving.

We cannot guarantee a part-time adult leader a space on a tent platform. Each part-time adult should be prepared to bring a tent and set it up in the assigned campsite. Campsites are assigned based upon full-time campers. Each full-time camper (scout or adult) will have a space on a tent platform in a tent that accommodates two campers.

We cannot guarantee a part-time adult leader will be able to sit with their troop inside the Dining Hall. They will be given a Dining Hall Pass indicating what meals they are entitled to and should expect to present it upon entering the Dining Hall. Seating might be assigned on the porch just outside the Dining Hall.

Please check one of the following:

This part-time adult is registered online as:

- Adult-PT 1 Day Adult-PT 2 Day Adult-PT 3 Day Adult-PT 4 Day
 Adult-Full Week - He/she is sharing a full-time slot with _____ and will be the first to arrive.

This part-time adult is NOT registered online:

- Adult-PT 1 Day Adult-PT 2 Day Adult-PT 3 Day Adult-PT 4 Day **Amount Paid** _____
 He/she is sharing a full-time slot with _____ and will be the second to arrive.

If NOT registered online, please complete the following:

Address _____ Phone _____
 Email _____ Date of Birth _____
 Youth Protection Training Date _____ Troop Office Held _____
 MOS Rank or Paint Station _____

Please circle the night(s) this part-time adult will be spending in the campsite and the meal(s) to be taken at the Dining Hall.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Breakfast | Breakfast | Breakfast | Breakfast | Breakfast | Breakfast |
| | Lunch | Lunch | Lunch | Lunch | Lunch | |
| Dinner | Dinner | Dinner | Dinner | Dinner | Dinner | |

Return this form prior to the Thursday 10 days before your camping session to campgeigerbsa@gmail.com or fax to 816-233-0530.