

Northern Star Council, BSA

2010 CAMP AKELA

PACK #: _____ DISTRICT: _____
 CONTACT NAME: _____ PHONE: _____

Session: (PLEASE RETURN ROSTER TO COUNCIL TWO WEEKS PRIOR TO SESSION DATE)

Mark with an 'X'

- | | |
|---------------------------|-------------------------------|
| _____ #1 June 18-20, 2010 | _____ #6 July 30-Aug. 1, 2010 |
| _____ #2 June 25-27, 2010 | _____ #7 August 6-8, 2010 |
| _____ #3 July 9-11, 2010 | _____ #8 August 13-15, 2010 |
| _____ #4 July 16-18, 2010 | _____ #9 August 20-22, 2010 |
| _____ #5 July 23-25, 2010 | |

FAX: 763-231-7202
MAIL:
 Northern Star Council
 Camp Akela
 393 Marshall Ave
 St. Paul, MN 55102

PARTICIPANT NAME	PLEASE CHECK ONE					WEBELOS OUTPOST OVERNIGHT Youth/Adults	Please list any Health Concerns & Dietary Needs
	ADULT	TIGER 1ST GRADE In Fall	WOLF 2ND GRADE In Fall	BEAR 3RD GRADE In Fall	WEBELOS 4TH GRADE In Fall		
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25.							

For Office Use Only: Order ID(s): _____ Roster Checked by _____
 Totals-- Cubs: _____ Webelos: _____ Adults: _____ Unregistered: _____