

Northern Star Council, BSA

Kiwanis Cub Camp 2010

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

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

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

Mark with an 'X'

- | | | |
|---------------------------|----------------------------------|-----------------------------------|
| _____ #1 June 4-6, 2010** | _____ #6 July 16-18, 2010 | |
| _____ #2 June 11-13, 2010 | _____ #7 July 23-25, 2010 | _____ #11 August 13-15, 2010 |
| _____ #3 June 18-20, 2010 | _____ #8 July 30-Aug. 1 2010 | _____ #12 August 15-17, 2010 Wday |
| _____ #4 June 25-27, 2010 | _____ #9 August 6-8, 2010 | _____ #13 August 20-22, 2010 |
| _____ #5 July 9-11, 2010 | _____ #10 August 8-10, 2010 Wday | _____ #14 August 27-29, 2010** |

****No outpost offered this session**

PARTICIPANT NAME	PLEASE CHECK ONE					WEBELOS OUTPOST OVERNIGHT Youth/Adult	Please list any Health Concerns & Dietary Needs
	ADULT INDICATE M / F	TIGER 1ST GRADE In Fall	WOLF 2ND GRADE In Fall	BEAR 3RD GRADE In Fall	WEBELOS 4TH GRADE In Fall		
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For Office Use Only: Order ID(s): _____ Roster Checked by _____
 Totals-- Cubs: _____ Webelos: _____ Adults: _____ Unregistered: _____