

Northern Star Council, BSA

Kiwanis Cub Camp 2009

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 5-7, 2009** | _____ #6 July 17-19, 2009 | _____ #11 August 14-16, 2009 |
| _____ #2 June 12-14, 2009 | _____ #7 July 24-26, 2009 | _____ #12 August 16-18, 2009 |
| _____ #3 June 19-21, 2009 | _____ #8 July 31-Aug. 2, 2009 | _____ #13 August 21-23, 2009 |
| _____ #4 June 26-28, 2009 | _____ #9 August 7-9, 2009 | _____ #14 August 28-30, 2009** |
| _____ #5 July 10-12, 2009 | _____ #10 August 9-11, 2009 | |

****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	WOLF 2ND GRADE	BEAR 3RD GRADE	WEBELOS 4TH GRADE		
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For Office Use Only: Order ID(s): _____ Roster Checked by _____
 Totals-- Cubs: _____ Webelos: _____ Adults: _____ Unregistered: _____