

# Stearns Cub Camp 2009

PACK #: \_\_\_\_\_ DISTRICT: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

Mark with an 'X'

_____ #1 July 10-12, 2009	Outpost _____ #1 July 12-13, 2009
_____ #2 July 17-19, 2009	Outpost _____ #2 July 19-20, 2009
_____ #3 July 24-26, 2009	Outpost _____ #3 July 26-27, 2009
_____ #4 July 31-Aug. 2, 2009	Outpost _____ #4 Aug. 2-3, 2009

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

PARTICIPANT NAME	PLEASE CHECK ONE					OUTPOST OVERNIGHT YES/NO	Please list any Health Concerns & Dietary Needs
	ADULT	TIGER 1ST GRADE	WOLF 2ND GRADE	BEAR 3RD GRADE	WEBELOS 4TH GRADE		
1.							
2.							
3.							
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22.							
23.							
24.							
25.							

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