

SCIENCE MUSEUM CUB SCOUT CAMP-IN REGISTRATION



PLEASE CHECK ONE DATE:

- January 13-14 (must be **received** by January 6th)
- January 27-28 (must be **received** by January 20th)
- February 3-4 (must be **received** by January 27th)

Scout Name: _____

Parent/Guardian Attending: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Pack #: _____ District: _____

Payment Amount: \$_____

Payment Method (Please check one):

- Cash
- Check
- Credit Card

(Please circle one)

VISA

Master Card

American Express

Discover



Card Number: _____

Expiration Date: _____ V-Code: _____

Name on Card: _____

Amount Charged: _____

Signature: _____

Make checks payable to: *Blue Ridge Mountains Council*

Mail to:

**Science Museum Cub Camp-In
Blue Ridge Mountains Council
P. O. Box 7606
Roanoke, VA 24019**