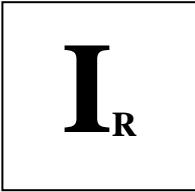


Information Form



**Cub Scout Resident Camp**  
**Custaloga Town Scout Reservation**  
**2020**

French Creek Council, Boy Scouts of America



Prepared. For Life.™

This form is to assist Packs in gathering the information necessary to complete the on-line registration for Cub Scout Resident Camp.

Please have this form returned no later than \_\_\_\_\_ to allow time to be input.

Please return this form to \_\_\_\_\_

Adults attending camp, please complete a separate form.

Camper Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ (Youth free, Adults fee)

Address: \_\_\_\_\_ (Required for Sibling Discount)

Rank: \_\_\_\_\_ Age: \_\_\_\_\_

Parents email: \_\_\_\_\_ Parents Phone: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Dietary Restrictions (not preferences): \_\_\_\_\_

Allergies: \_\_\_\_\_

BSA Medical Turned In \_\_\_\_\_ Prescription Medication Form \_\_\_\_\_

Use back of sheet for more space if needed

**This form does not need to be submitted, it is for internal unit use only**