

Send this form to: Des Plaines Valley Council, BSA  
811 W. Hillgrove Ave, La Grange, IL 60525  
Fax: (708) 354-3615

## 4 Days/3 Nights in Wisconsin at Camp Shin Go Beek Registration Form

Cost: \$200.00/person

Pack # _____	Scout's Name _____	_____ Youth @ \$ _____ = \$ _____
In the fall my son will be: Scout Rank _____ Grade _____		_____ Adults @ \$ _____ = \$ _____
Attending Parent/Guardian _____	Phone _____	_____ Camp Coupon (-\$25.00) applied - \$ _____
Email Address (Please print clearly) _____		Total \$ _____
Address _____	City/State _____	Zip _____
We need a council tent? _____ Yes _____ No	If paying by credit card, fax to 708-354-3615 Circle One: American Express Discover MasterCard Visa	
Place an "X" on the dates you will be attending:	Card # _____ - _____ - _____ - _____	Signature: _____
_____ June 17-20, 2012		Expiration Date: _____
_____ June 20-23, 2012		
_____ June 24-27, 2012		
_____ June 27-30, 2012		

Come on down to **Camp Shin-Go-Beek**  
in Wisconsin for 4 Day/3 Night Cub Scout Camp.

Please Circle the date you choose and keep for your records:

June 17-20   June 20-23   June 24-27   June 27-30

### Refund Policy

All requests for refund must be made in writing and e-mailed to the Des Plaines Valley Council at [DPVC147@scouting.org](mailto:DPVC147@scouting.org) or mailed to the Des Plaines Valley Council, 811 W. Hillgrove, LaGrange, Illinois 60525.

If notice of cancellation is received at least 60 days prior to the event 100% Refund(\*).

If notice of cancellation is received at least 30 days prior to the event 50% Refund (\*).

If notice of cancellation is received less than 30 days prior to the event 0 Refund.

(\* ) less administrative charge of 10% or \$5.00 whichever is greater.

Go to [http://www.bsa-dpvc.org/cub\\_scouting/cub\\_camp.php](http://www.bsa-dpvc.org/cub_scouting/cub_camp.php)  
to find answers to most frequently asked questions in the  
Parent/Leader Guidebook

All requests to make changes to original registration must be E-mailed to: [barbara.fowler@Scouting.org](mailto:barbara.fowler@Scouting.org).

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You and your son are registered for Cub Scout Summer Camp 2012

## Weekend In Illinois at Scout Adventure Camp, Rochelle, IL

Please circle date you chose and keep for your records  
June 23-24 June 30-July 1 July 14-15 July 21-22 July 28-29

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## Weekend in Illinois - 2012 at Scout Adventure Camp

Pack # \_\_\_\_\_ Scout's Name \_\_\_\_\_

Attending Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email (Please print clearly) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

In the fall my son will be: Scout Rank \_\_\_\_\_ Grade \_\_\_\_\_

June 23-24 \_\_\_\_\_

June 30-July 1(\*) \_\_\_\_\_

July 14-15 \_\_\_\_\_

July 21-22(\*) \_\_\_\_\_

July 28-29 \_\_\_\_\_

**COST: \$135.00/Youth \$105.00/Adult**

Youth T-Shirt Size (S, M, L, or Adult Small) \_\_\_\_\_

\_\_\_\_\_ Youth @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ Adults @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ Camp Coupon (-\$25.00) applied -\$ \_\_\_\_\_

Total \$ \_\_\_\_\_

If paying by credit card, fax to 708-354-3615

Circle One:

American Express Discover MasterCard VISA

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**(\*)Special Webelos program offered in addition to regular program.**

*Weekend in Illinois: Place "1" for your 1st choice and "2" for your second choice of weekends to attend.*

*You will be notified **ONLY IF** you are given your 2nd choice*

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