

**CUB SCOUT DAY CAMP  
TAG-A-LONG APPLICATION**

(One application per person)

**PLEASE COMPLETE THE CLASS 1-FOR DAY CAMP MEDICAL FORM ON BACK**

Associated Pack Number \_\_\_\_\_

Home Phone \_\_\_\_\_

District \_\_\_\_\_

Cell/Pager # \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Last)

Age \_\_\_\_\_ Circle one M or F

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

Name of parent attending camp \_\_\_\_\_

Please check which days the Tag-A-Long will be present at camp. Cost per day is \$8.00.

**TAG-A-LONGS MUST BE ACCOMPANIED EACH DAY BY A PARENT.**

Monday	Tuesday	Wednesday	Thursday	Friday

**OPTIONAL T-SHIRT ORDER**

Please indicate T-Shirt size and quantity below.  
(This is in addition to any T-Shirt orders on the Cub Scout application)

SIZE	QUANTITY
Boys Medium (10-12)	X \$8.00 = _____
Adult Small (34-36)	X \$8.00 = _____
Adult Medium (38-40)	X \$8.00 = _____
Adult Large (42-44)	X \$8.00 = _____
Adult XL (46)	X \$8.00 = _____
# Of days attending camp	X \$8.00 = _____
Total	_____

**Please check Day Camp Tag-A-Long is Attending**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> DARKE 6301  | <input type="checkbox"/> SHELBY 6303          |
| <input type="checkbox"/> MIAMI 6304  | <input type="checkbox"/> SUNWATCH 6306        |
| <input type="checkbox"/> PREBLE 6302 | <input type="checkbox"/> WRIGHT BROTHERS 6305 |

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