

POUCH DAY CAMP APPLICATION

1465 Manor Road, Staten Island, NY 10314

We welcome your son or daughter to Pouch Day Camp sponsored by Greater New York Councils, BSA, William H. Pouch Scout Camp. We ask for you to fill-out all required information, **MAKE A COPY** for your records and send payment in as early as possible for great savings before April 30th.

For quick and easy payments at your convenience, you may pay online at www.bsa-gnyc.org and request your user name and password or call with a credit card payment over the phone to Camping Services (212) 651-3073.

MEDICAL FORM: All campers are required to submit an Annual Health & Medical Record Form Part ABC during campers first day of camp. Medical Forms can be downloaded at http://www.scouting.org/filestore/HealthSafety/pdf/680-001_ABC.pdf

2016 Day Camp Payment Policy: Payments, Refund and Discrepancies are handled at camp before the end of each camp week. All refund request will need to be made before campers start week by letter/documentation explaining reason for refund. Full refunds are given for official summer school notice, doctors note for illness/injury or death in family. Without official documentation, you will forfeit payment if your child does not attend. However, we allow transfers to another week if space is available. Call Camping Services with any questions you may have about our policy (212) 651-3073.

Tear-off and return to: Greater New York Councils
 Boy Scouts of America
 350 Fifth Avenue, Suite 7820, New York, NY 10118
Fax: (212) 651-2445
All check are made payable to: Greater New York Councils, BSA



Please indicate (X) for # of week(s) attending 2016:

WK1 () July 5-8 **	WK5 () Aug 1 -5
WK2 () July 11-15	WK6 () Aug 8-12
WK3 () July 18-22	WK7 () Aug 15-19
WK4 () July 25-29	WK8 () Aug 22-26

Please check if you will need Early Drop-off (EDO) or Late Pick-up (LPU). Early Late Both

Circle Wks EDO: WK1 WK2 WK3 WK4 WK5 WK6 WK7 WK8
 # of wks. _____ Mon—Fri (7am - 9am)

Circle Wks LPU: WK1 WK2 WK3 WK4 WK5 WK6 WK7 WK8
 # of weeks _____ Mon—Fri (4pm - 6pm)

Pouch Day Camp Rates

Please check appropriate box and add payment amount.

Early Payment Rate by 4/30: ** Week 1 Early Payment is \$250
 # of weeks: _____ x \$275 = \$ _____

General Cost after 4/30: ** Week 1 General Cost is \$300
 # of weeks: _____ x \$325 = \$ _____

Note: Parents please keep in mind Pouch Day Camp will have off-site trips once per week. All staff will be assisting as chaperones for off-site trips. Parents will be informed about weekly trip locations in advance. If you are not interested in sending your son/daughter on an off-site day trip, please keep in mind there will be no day camp staff available to operate on-site that day. Weekly rates are the same whether day campers attend trips or not.

Camper's First Name _____ Last Name _____ DOB _____ Age _____ M F

Parent's Name _____ Phone _____

Street _____ Apt _____ City _____ State _____ Zip _____

Email _____ Unit # _____ Grade Sept. _____ (Circle) Adult / Youth T-Shirt Size: S M L XL

Registered Scout () Yes () No Rank _____ Council _____ District _____

1) Emergency Contact Phone #: _____ Name _____

2) Emergency Contact Phone #: _____ Name _____

Account # 1-6701-703-21 **Type of Credit Card** Visa Master Card American Express Discover Expiration Date: _____

Card #: _____ Print Name: _____ Signature: _____