

APPLICATION
"Survivor Beaumont"
SPECIAL NEEDS CAMPOREE
June 5-7, 2009



Dear Parent/Guardian,

Your Scout is invited to attend the Special Needs Camporee at Beaumont Scout Reservation June 5-7, 2009. The cost is \$10 and is nonrefundable. This camporee is open to all Scouts with Special Needs and Scout interested in working toward their First Aid Merit Badge. **The registration form MUST be completed and fees paid in full by Wednesday, May 27, 2009.** If you have questions or need assistance with this form, please contact Kerriane Duggan at 314.256.3108 or kduggan@stllfl.org

The completed form may be returned to the group leader/adviser or mailed directly to: Special Needs Camporee
Greater St. Louis Area Council, BSA
4568 West Pine Blvd.
St. Louis, MO 63108

Date _____

Scout's Name _____ DOB _____ Years in Scouting _____

Rank _____ Has your Scout attended camp in the past? _____ How many years? _____

Address _____ City/Zip _____

Telephone (h) _____ Email address _____

Troop Number _____ District/Chartered Organization _____

Scoutmaster Name _____ Scoutmaster's Phone Number _____

Telephone (h) _____ (b) _____ Email _____

PARENT INFORMATION

Names of parent(s)/guardian(s) _____

Address _____ City/Zip _____

Telephone (h) _____ (w) _____

(c) _____ Email _____

AGENCY INFORMATION

Name _____

Address _____ City/Zip _____

Emergency Contact Name _____

Emergency Contact Number _____ Email _____

If a Scout needs more than minimal assistance, a parent, special attendant or companion must accompany him to camp.

Please list **all** medications – MEDICATION MUST BE IN THE ORIGINAL CONTAINER/BUBBLE PACK:

Special medical care required (please describe):

Does your Scout require an interpreter for the day? If so, ASL or PSE: _____

I do ___ do not ___ give my permission for my Scout to participate in swimming while at camp. INITIAL _____

I do ___ do not ___ give my permission for photographs/ videos to be taken of my Scout while participating in camp activities.
INITIAL _____

Signature of parent/guardian

Date

Signature of unit leader

Date

For council use only: Date received _____ Amount paid \$ _____ Initials _____
