

2010 Cuboree Pack Registration Form

Please do **NOT** send individual family checks, but deposit them into your account and send **one** Pack check.
 Please turn in this form accompanied by Individual Registration forms no later than Oct 8, 2010.

PACK # _____

PACK CUBOREE CAMP COORDINATOR NAME _____

ADDRESS _____ CITY _____ STATE _____

EMAIL _____ ZIP CODE _____ PHONE # _____

NAME	<input checked="" type="checkbox"/> MED Paid	Fee Collected	NAME	<input checked="" type="checkbox"/> MED Paid	Fee Collected
_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
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_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____

Total # of Cub Scouts/Parent _____ X \$11 = \$ _____

Total # of youth 5 yrs and under _____ X \$2 = \$ _____

TOTAL ENCLOSED \$ _____

Please ensure a current Annual Health and Medical Form for each person is presented at arrival to Camp Shands.
 Make check payable to: NORTH FLORIDA COUNCIL; 521 S. Edgewood Ave.; Jacksonville, FL 32205