

2010 CAMPSHIP APPLICATION

Cost: Cub World - \$190.00 per session Ten Mile River - \$340.00 per week Ten Mile River Provisional Troop - \$360.00 per week
 Cub World - \$355.00 per week Ten Mile River Trek - \$380.00 per week Ten Mile River Specialty Camp - \$360.00 per week
 Camp: Aquehonga Catskill Adventure Base Keowa Ranachqua Specialty Camp

CUBWORLD

- Session 1A - July 4 - 7
- Session 1B - July 7 - 10
- Session 2A - July 11 - 14
- Session 2B - July 14 - 17
- Session 3A - July 18 - 21
- Session 3B - July 21 - 24
- Session 4A - July 25 - 28
- Session 4B - July 28 - 31
- Session 5A - August 1 - 4
- Session 5B - August 4 - 7
- Session 6A - August 8 - 11
- Session 6B - August 11 - 14

TEN MILE RIVER

- Week 0 July 4 - 10
- Week 1 July 11 - 17
- Week 2 July 18 - 24
- Week 3 July 25 - 31
- Week 4 August 1 - 7
- Week 5 August 8 - 14
- Week 6 August 15 - 21

SPECIALTY CAMP

- TMR Provisional Troop (Keowa WK - 1,2,3,4,5)
- TMR Provisional Troop (Aquehonga Wk 6)
- National Youth Leader Training (Keowa Wk 1)
- Eagle Camp (Keowa Week 3)
- Eagle Camp (Ranachqua Week 5)
- Webelos Camp (Cub World - 1,2,3,4,5,6)
- Aquatics Camp (Keowa Week 6)
- Shooting Sports Camp (Keowa Week 6)
- Other Specialty Camp _____

Check One:
 UNIT TYPE: Cub Pack Scout Troop Venture Crew Ship UNIT #: _____ CAMP UNIT (if different from Home Unit) #: _____
 BOROUGH: Bronx Council Brooklyn Council Manhattan Council Queens Council Staten Island Council
 DISTRICT: Bronx River Lenape Bay Bruekelen Big Apple Founders Pathfinder Tomahawk Aquehonga

CAMP LEADER NAME: First Name _____ Last Name _____ Day Phone _____

CAMPER INFORMATION (Print Clearly):

First Name: _____ Last Name: _____
 Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
 School Attending: _____ Grade: _____

PARENT/GUARDIAN INFORMATION (Print Clearly):

First Name: _____ Last Name: _____
 Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
 Day Time Phone: _____ Evening Phone: _____
 Cell Phone: _____ Email: _____

FAMILY INCOME:

Total Yearly Income (Gross): _____
 Number of Family Members Residing at Home: _____ Adults _____ Children Children attending Scout camp _____
 \$ Amount Requested: _____ Briefly Explain Hardship (attach letter): _____
 If applying for ADC provide Cash Assistance Case # _____ (not food stamp card number)

DEPOSIT OF \$25 PAID?

YES NO Receipt # if YES _____
 Cash Check # _____
 Discover Visa Master Card American Express Credit Card # _____
 Expiration Date: _____ Signature: _____

CHECK WHICH APPLY:

Our Unit participated in the following Council activities from June 1, 2009 – May 31, 2010:
 District Bowl-A-Thon Hike-A-thon Product Sales Parade
 Our Unit scheduled and held the following presentation: Friends of Scouting Camp Presentation

Parents: Please fill out Camper Information, Parent Information, and Family Income. Unit Leader: Please fill out top of page and collect a (non-refundable) deposit of \$25 per camper per week/session, and check which apply. SEND THE COMPLETED FORM TO: Camping Services, Boy Scouts of America, Alpine Scout Camp, P.O. Box 377 - 441 Route 9W, Alpine, NJ 07620 or Fax: (201) 784-1663. The Greater New York Councils only administers Camperships to registered youth participating at Greater New York Council Camps. If you require an application for ADC or have any other questions, please call Marcelle Grant at 212-651-3073.

Box for Office Use Only

