

# INDIVIDUAL/SPECIALTY CAMP REGISTRATION FORM

This form is for Individual youth interested in participating in one or more of our Specialty Programs at Ten Mile River Scout Camps. A \$25.00 per week/per program deposit is required upon submitting this registration form. **Make Online payments at [www.bsa-gnyc.org](http://www.bsa-gnyc.org) – go to Camping Calendar – go to desired camp week or return this form and deposit to:** Boy Scouts of America, GNYC, 350 Fifth Avenue, New York, NY 10118. If you have questions contact your leader, Scouting Representative or call Camping Services at (212) 651-3073.

- |                                       |  |   |  |   |  |
|---------------------------------------|--|---|--|---|--|
| <input type="checkbox"/> <b>Bronx</b> | <input type="checkbox"/> <b>Brooklyn</b> | <input type="checkbox"/> <b>Manhattan</b> | <input type="checkbox"/> <b>Queens</b> | <input type="checkbox"/> <b>Staten Island</b> | <input type="checkbox"/> <b>Out of Council</b> |
| <input type="checkbox"/> Bronx River  | <input type="checkbox"/> Lenape Bay      | <input type="checkbox"/> Big Apple        | <input type="checkbox"/> Founders      | <input type="checkbox"/> Aquehonga            | <input type="checkbox"/> Hudson Valley         |
|                                       | <input type="checkbox"/> Breukelen       |   | <input type="checkbox"/> Tomahawk      |   | <input type="checkbox"/> Other _____           |
|                                       | <input type="checkbox"/> Stuyford        |   | <input type="checkbox"/> Pathfinder    |   |  |

Home Unit # \_\_\_\_\_ Age \_\_\_\_\_ Rank \_\_\_\_\_ Leadership Position \_\_\_\_\_

Scout's First Name \_\_\_\_\_ Scout's Last Name \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

## 2012 SPECIALTY CAMP PROGRAMS AT TEN MILE RIVER

Week	Date	Program	Week	Date	Program
<input type="checkbox"/> Week 1	July 8 – 14	<input type="checkbox"/> Camp Keowa Provisional <input type="checkbox"/> Provisional Trek <input type="checkbox"/> National Youth Leader Training*** ++	<input type="checkbox"/> Week 4	July 29 – August 4	<input type="checkbox"/> Camp Keowa Provisional <input type="checkbox"/> Provisional Trek ++ <input type="checkbox"/> Aviation
<input type="checkbox"/> Week 2	July 15 – 21	<input type="checkbox"/> Camp Keowa Provisional <input type="checkbox"/> Provisional Trek ++	<input type="checkbox"/> Week 5	August 5 – 11	<input type="checkbox"/> Camp Keowa Provisional <input type="checkbox"/> Provisional Trek ++ <input type="checkbox"/> Eagle Camp (Ranachqua)*** ++ <input type="checkbox"/> Shooting Sports Camp (Keowa)
<input type="checkbox"/> Week 3	July 22 – 28	<input type="checkbox"/> Camp Keowa Provisional <input type="checkbox"/> Eagle Camp (Keowa)*** ++ <input type="checkbox"/> Provisional Trek ++	<input type="checkbox"/> Week 6	August 12 – 18	<input type="checkbox"/> Camp Aquehonga Provisional <input type="checkbox"/> Aquatics Camp (Keowa) ++ <input type="checkbox"/> Provisional Trek ++
<b>*** Scoutmaster Approval Required</b> <b>++ Age and/or rank requirements to participate</b>			<b>FEES:</b> Treks and all other Specialty Camps are <b>\$350 if paid in full by MAY 31<sup>st</sup>. After May 31<sup>st</sup> late fee charge \$30 per week on any program!</b>		

\$25 deposit per week for my reservation     Enclosed is payment in full \$\_\_\_\_\_ for my reservation(s)

**PAYMENT METHOD:**  Check     Money Order    **Payable to:** Boy Scouts of America, GNYC

**Credit Card holder please complete the following:** Card Type:  American Express  Master Card  Visa  Discover

Print Names as written on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (as it appears on card) \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

*Visit us at: [TenMileRiver.org](http://TenMileRiver.org) for more information about all Specialty Camp Programs*

**Office Use Only:**



Acct: TMR 1-6701-701-21

Receipt # \_\_\_\_\_ Amt. Rec'd \$ \_\_\_\_\_