Troop Final Payment Form

3

Boy Scout Resident Camp
Custaloga Town Scout Reservation
2013

Prepared. For Life.™

French Creek Council, Boy Scouts of America

Troop# ..... _____
District ..... _____ CD CK OP WT
Council (if **NOT** FCC) ..... _____
Week #:..... _____

Enclosed is final payment for the following number of Scouts and Adults. This payment is due **May 15, 2013** at the McGarvey Service Center.

Summary for Troop Roster:

Total Scouts ..... _____
Total Adults ..... _____ Female: _____ Male: _____

Total Money enclosed . _____

T-Shirt Sizes: (Youth only)
Adult Small:..... _____
Adult Medium ..... _____
Adult Large..... _____
Adult X-Large ..... _____
Adult XX-Large..... _____

Total T-Shirts 0

Additional T-Shirts will be available in the Trading Post.
Adults may also purchase T-Shirts at the Trading Post.
Failure to submit forms on time may result in T-shirts not being available.

Please Note:

All Scouts and Scouters must complete the **BSA Medical Form #680-001** (valid for one year) to attend Custaloga Town. All three pages (parts A, B & C) must be completed as well as copies of insurance cards, as instructed on the form. This form is available on the Unit Leaders CD, the Custaloga Town web site, and from the National BSA web site. **Units are to bring the medical form with them to camp, do NOT send it in with reservations**.

Completed Merit badge Sign-ups..... _____ Previously submitted: ..... _____
Bring completed medical forms and three (3) copies of a troop roster to camp with you in a folder that identifies your unit.

Please list your unit's **camp coordinator**, the person to contact with additional information and/or questions.

Name: _____ Position: _____
Address: _____ Day Phone: _____
City, State, Zip _____ Evening Phone: _____
e-mail address: _____ Cell Phone: _____

This is a *Non-Refundable* payment. It is due on or before **May 15, 2013**. This payment will be applied to your unit's total camp fee.

Method of Payment:
_____ Cash
_____ Check # _____
_____ Unit Account
_____ Credit Card (MasterCard , VISA, or Discover)

Card Number _____
Expiration Date _____ Security Code _____
Name as on Card _____

Send form and payment to:

French Creek Council, BSA
1815 Robison Rd West
Erie, PA 16509-4905
FAX: 814-866-7514
Email: seckbloo@bsamail.org