

ADULT Summer Camp Registration Form June 22nd - June 28th, 2025



- Clear your calendar and make plans to attend camp
- Background check IS required
- Make doctor's appointment for part C of medical form
- Complete **Youth Protection**
- Be Prepared to Have Fun!!!
- If you are attending more than 2 nights you **MUST** be a registered ASM

Contact Bill Stenzel at stenzel.scouts@gmail.com with any questions.

Name (First and Last): _____

Address: _____

City: _____ Zip: _____

Home Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Date of Birth: ____/____/____

Email Address: _____

Circle T-Shirt Size (Adult): MXS MS WS MM WM ML WL MXL WXL MXXI

Please place a check in the box to indicate the days you are attending camp:

SUN	MON	TUES	WED	THURS	FRI	SAT
☐	☐	☐	☐	☐	☐	☐

Attach payment of \$220/week (includes t-shirt). Check payable to Troop 222.

Can you haul the troop trailer to or from camp? _____