

# Ojibwa Fall Camp-o-ree 2009 - October 16-18

Troop Pack Number \_\_\_\_\_ District \_\_\_\_\_ Phone # \_\_\_\_\_  
(Circle one)

Unit Leader's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Unit Web Site: \_\_\_\_\_ 1-6801-506-20

Boy Scout Early Registration ~ Before 9-18-08 # of youth ____ @ \$14.00 = \$ _____ # of Adult ____ @ \$14.00 = \$ _____ Adult & Youth Total # _____ = \$ _____	Boy Scout Late Registration ~ After 9-18-08 # of youth ____ @ \$19.00 = \$ _____ # of Adult ____ @ \$19.00 = \$ _____ Adult & Youth Total # _____ = \$ _____
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Webelos Early Registration ~ Before 9-18-08 # of youth ____ @ \$12.00 = \$ _____ # of Adult ____ @ \$12.00 = \$ _____ Adult & Youth Total # _____ = \$ _____	Webelos Late Registration ~ After 9-18-08 # of youth ____ @ \$17.00 = \$ _____ # of Adult ____ @ \$17.00 = \$ _____ Adult & Youth Total # _____ = \$ _____
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Webelos only: We will be camping with Troop \_\_\_\_\_ and we will have \_\_\_\_\_ Webelos and Parents spending the night.

<input type="checkbox"/> Take fee from our Unit account <input type="checkbox"/> Charge to my credit card <input type="checkbox"/> Pay by Unit Check	Name on card _____ Card number _____ Exp. Date _____ Signature _____ Type of card _____
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A Non-Refundable Deposit is Required *(50% of total \$)*  
 Send this Form to: Melissa Hardy - Ojibwa District Event Registration  
 1100 County Center Drive West, Waterford MI 48328  
 E-mail: [activities@ojibwacamporee.org](mailto:activities@ojibwacamporee.org) – web site: [ojibwacamporee.org](http://ojibwacamporee.org)