

# OJIBWA WINTER EXPERIENCE - JANUARY 15 & 16 2010

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

Unit Leader's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **1-6801-508-20**

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

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

Boy Scout Early Registration ~ Before 12-18-2009

# of youth \_\_\_\_\_ @ \$14.00 = \$ \_\_\_\_\_

# of Paying Adults\* \_\_\_\_\_ @ \$14.00 = \$ \_\_\_\_\_

Adult & Youth Total # = \$ \_\_\_\_\_

Boy Scout Late Registration ~ After 12-18-2009

# of youth \_\_\_\_\_ @ \$19.00 = \$ \_\_\_\_\_

# of Paying Adults\* \_\_\_\_\_ @ \$19.00 = \$ \_\_\_\_\_

Adult & Youth Total # = \$ \_\_\_\_\_

Webelos Early Registration ~ Before 12-18-2009

# of youth \_\_\_\_\_ @ \$12.00 = \$ \_\_\_\_\_

# of Paying Adults\* \_\_\_\_\_ @ \$12.00 = \$ \_\_\_\_\_

Adult & Youth Total # \_\_\_\_\_ = \$ \_\_\_\_\_

Webelos Late Registration ~ After 12-18-2009

# of youth \_\_\_\_\_ @ \$17.00 = \$ \_\_\_\_\_

# of Paying Adults\* \_\_\_\_\_ @ \$17.00 = \$ \_\_\_\_\_

Adult & Youth Total # \_\_\_\_\_ = \$ \_\_\_\_\_

Cub Scout Early Registration ~ Before 12-18-2009

# of youth \_\_\_\_\_ @ \$12.00 = \$ \_\_\_\_\_

# of Paying Adults\* \_\_\_\_\_ @ \$12.00 = \$ \_\_\_\_\_

Adult & Youth Total # \_\_\_\_\_ = \$ \_\_\_\_\_

Cub Scout Late Registration ~ After 12-18-2009

# of youth \_\_\_\_\_ @ \$17.00 = \$ \_\_\_\_\_

# of Paying Adults\* \_\_\_\_\_ @ \$17.00 = \$ \_\_\_\_\_

Adult & Youth Total # \_\_\_\_\_ = \$ \_\_\_\_\_

<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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Troop Breakfast     Yes, we will eat the breakfast that you are providing  
                            No, we will buy and cook our own breakfast

Troop Camping      Yes             No

All units (Troop and Pack) are expected to provide Adult leaders to judge. Each unit attending the Event will be assigned a station to judge.

To volunteer to assist with the design and set up of the event stations please contact:  
[activities@ojibwacamporee.org](mailto:activities@ojibwacamporee.org)

***A Non-Refundable Deposit is Required (50% of total due)***  
 Send this Form to: Melissa Hardy - Ojibwa District Event Registration  
 1100 County Center Dr. West - Waterford, MI 48328  
 E-mail: [activities@ojibwacamporee.org](mailto:activities@ojibwacamporee.org) – web site: [ojibwacamporee.org](http://ojibwacamporee.org)