

**SANTA MARGARITA DISTRICT
SAN DIEGO-IMPERIAL COUNCIL
VISTA CUB SCOUT DAY CAMP
TREASURE ISLAND: JULY 9-13, 2012**

SIBLING APPLICATION FORM

I will be volunteering to help at the 2012 Vista Cub Scout Day Camp and would like my son's sibling (one application per sibling) to attend the Siblings Program (**siblings can only attend the days you are volunteering**):

DATE: July 9-13 2012: (Please circle days you will attend) M T W Th F All Week

FEE: \$20 per sibling if attending all week (this includes the cost of the T-Shirt) or \$4 for each day plus \$10.00 for the T-Shirt for those attending less than the full week.

Child's Name: _____

Age: _____ Special Needs: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Phone: (H) (760) _____ - _____ (W) (____) _____ - _____ (Cell) (____) _____ - _____

Email: _____

- I have completed this application and the BSA Health Form parts A & B for each sibling attending camp.
- My son/daughter has permission to have his photo taken for public relations purposes.
- I have enclosed a check payable to: BSA ACCT. #1-6801-835-20 for the sibling registration fee

Mail this completed application and Parts A and B Annual BSA Health and Medical Record for each sibling to: Santa Margarita - Vista Day Camp. Boy Scouts of America, 1207 Upas Street, San Diego, CA 92103.

Parent/Guardian Signature _____ Date _____, 2012

(PRINT NAME)