



Provisional Camper Registration Form

For use only if you are attending camp with a Troop other than your own

Personal Information

Troop # _____ Council _____
Name _____ Date of Birth ____/____/____
Address _____
City _____ State _____ Zip _____
Phone Number (____) ____ - _____

Emergency Information

Parent/Guardian Name _____
Daytime Phone (____) ____ - _____ Evening Phone (____) ____ - _____

Other Emergency Contacts

Name _____ Relationship _____
Daytime Phone (____) ____ - _____ Evening Phone (____) ____ - _____
Name _____ Relationship _____
Daytime Phone (____) ____ - _____ Evening Phone (____) ____ - _____

Other Information

Choose your Week of Attendance

Week 1 (June 15 - June 21) _____ Week 2 (June 22 - June 28) _____
Week 3 (July 6 - July 12) _____ Week 4 (July 13 - July 19) _____

Approvals

Parent/Guardian Signature _____ Date ____/____/____
Camp Director Signature _____ Date ____/____/____
Scout placed with Troop # _____

Instructions

1. Complete all sections of this form.
2. Attach the appropriate fees and return form to the Council Service Center.
3. Bring medical forms to camp check-in. (Class 1 & 2 Medical Form)
Mail Application to: Lincoln Trails Council, 262 W. Prairie Ave., Decatur, IL 62523.
Contact Camp Director, Doug Zaring with any questions at 217-620-0772. The Troop you are placed with for camp will contact you to help with travel arrangements and other information.