SCOUTS CANADA GREATER TORONTO COUNCIL HALIBURTON SCOUT RESERVE

CAMPER REGISTRATION FORM

CAMPSITE: _____ ARRIVAL DATE: _____ DEPARTURE DATE: _____

TROOP NUMBER: _____ COUNCIL/REGION/DISTRICT: _____ HOME TOWN: _____

LEADER IN CHARGE	ADDRESS	CITY	PROV/ STATE	POSTAL/ ZIP CODE	PHONE NUMBER	NUMBER OF NIGHTS

OTHER LEADERS/ADULTS

LEADERS NAMES	ADDRESS	CITY	PROV/ STATE	POSTAL/ ZIP CODE	PHONE NUMBER	# OF NIGHTS

THIS FORM MUST BE COMPLETED BY ALL GROUPS AND PRESENTED UPON ARRIVAL AT CAMP.

PLEASE LIST ALL YOUTH ON THE BACK OF THIS FORM.

CAMPERS/YOUTH

CAMPERS NAMES	ADDRESS	CITY	PROV/ STATE	POSTAL/ ZIP CODE	PHONE NUMBER	# OF NIGHTS

CAMPERS/YOUTH

CAMPERS NAMES	ADDRESS	CITY	PROV/ STATE	POSTAL/ ZIP CODE	PHONE NUMBER	# OF NIGHTS

OFFICE USE ONLY

	TOTAL CAMPERS		
LENGTH OF STAY	ADULT	YOUTH	TOTAL CAMPER DAYS
(A)	(B)	(C)	A x (B+C)
FULL 7 DAYS			
6 DAYS			
5 DAYS			