

Application for Provisional Camper

Scout:			ale 🗌	Female
Address:				
City:	State:	Zip Code):	
Council:	District:			· · · · · · · · · · · · · · · · · · ·
Troop # Scout Rank: Parent Name:				
E-Mail:				
Please list any Allergies or Dietary Restriction				
Payment can be made Schedule of Payments: 1st PAYMENT – Due Fri., March		a payments \$ 100.00 :	= \$	
2 nd PAYMENT – Due Mon., April 1 st , 2024		\$ 100.00 =	= \$	
3 rd PAYMENT – Due Wed., May 1st, 2024		\$ 200.00 =	= \$	
	Amount	Remitted:	\$	
LATE FEE - Payment(s) received	on or after May 2 nd	, 2024:	\$	30.00
	Total I	Remitted:	\$	
3231 Atla	ee Council, BSA and chee Council, BSA antic Avenue NC 27604	return this form	ı to:	
Additional Information will be	sent to you after ap	plication rece	ived.	
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