



# Akela Land Cub Scout Resident Camp

## Pioneer Camp Registration Form

\*ALL PIONEERS MUST BE FULL WEEK WEBELOS II\*

Name \_\_\_\_\_

Pack \_\_\_\_\_

Campsite \_\_\_\_\_

Week # \_\_\_\_\_

In Camp Contact Person \_\_\_\_\_

Contact's Cell Phone \_\_\_\_\_

Medical Concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Interests (optional) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY:

PATROL ASSIGNED \_\_\_\_\_

STAFF MEMBER \_\_\_\_\_