



Akela Land Cub Scout Resident Camp

Pioneer Camp Registration Form

Name _____

Pack _____

Campsite _____

Week # _____

Gender _____

In Camp Contact Person _____

Contact's Cell Phone _____

Allergies, Dietary Restrictions and Medical Concerns _____

Special Interests (optional) _____

OFFICE USE ONLY:

PATROL ASSIGNED _____

STAFF MEMBER _____