



# Scoutmasters Camporee 2010

## Registration Form

### February 19-21, 2010

Theme: "100 Years of Scouting - The Anniversary"

South Florida Council Boy Scouts of America

**Pre-registration Fee:** \$50 per unit/per site –Non-refundable –Due with registration form and applied to the total camporee per person fee at check in. 50% of the per person camporee fee must be paid by January 18<sup>th</sup>, 2010. This amount is based on your unit’s expected number of youth and adult who will attend the camporee. For example, if you have paid the \$50 campsite deposit and expect 20 to attend, an additional \$150 needs to be paid (20 x \$10 = \$200 - \$50 = \$150)

**Camporee Fee:** \$20 per person with pre-registration by Jan 18, 2010. After January 18<sup>th</sup>, the fee is \$25 per person. All fees are due at check in. **Visitors:** \$10 per person for day visitors. No credit cards accepted on-site.

**Campsite Reservation Request:** Campsites are on a first come, first serve basis. Refer to the map and make three choices from the area for your type of unit. Cub packs select three choices from P1 – P46 in the Cub Scout area.

First  Second  Third

#### Registration is as easy as 1-2-3:

1. Complete this form and select your campsite. This form is form field enabled–fill in the data on a computer and then print. Click in any field to move the cursor to that location. Press “tab” to advance one field.
2. Enclose a check made payable to South Florida Council – SMCC for \$50 per campsite.
3. Mail to South Florida Council, Scoutmasters Camporee, 15255 NW 82nd Ave, Miami Lakes FL 33016 Fax: 305-821-6222 Phone: Miami-Dade 305-364-0020 Broward 954-584-4200

Check one:  Boy Scout troop  Venturing crew  Cub Scout pack  Girl Scout troop

Unit Number  Council  District

Unit Leader  Address

City  State  Zip  Email

Home Phone  Cell  Business

Senior Patrol Leader  Phone

Approximate number of participants: Scouts  Adults

Number of Jr. Leaders  Number of adults for arena show assembly

Type of payment:  Check  Credit Card  Unit account

Exact name on card:  Expiration Date:

Card Number:  CCV:   AMEX  MasterCard  Visa

Signature:  Date:  Total amount enclosed \$

Sellwise code =900284

For office use only		
Date received:	Deposit: \$	

If you have any questions, contact **Matt Kinsey** at 954-255-1536, or Email to vicechief2@smcc.us Visit us online at [www.smcc.us](http://www.smcc.us)