

Inali District Klondike Derby
Camp Chicagama, Spring Lake Park
595 N. 1500th Rd., Macomb IL.
January 24-26, 2014

Registration Form

Troop/Crew # _____ hereby declares intention to participate in the 2014 Klondike Derby at Camp Chicagama. Please count on the following:

Number of Scouts: _____

Number of Adult Leaders: _____

Total Number of Participants from Our Unit: _____ x \$8.00 (submitted on or before Jan. 15)

Total Number of Participants from Our Unit: _____ x \$10.00 (submitted after Jan. 15)

Total Amount Enclosed: _____

There will be no charge for adults. Adults desiring a patch will be charged \$2.00 each.

The Klondike fee includes site usage costs/fees, a patch for all participants, liability insurance, program materials, and cracker barrel.

Date: _____

Scout Leader's signature

Address

Phone

E-mail

Please return this form along with your payment by **January 15, 2014** to:

Illowa Council
4412 North Brady Street
Davenport, IA 52806

All checks must be made out to the Illowa Council BSA.

Please write "Inali Klondike Derby" on your check.

ALL SCOUTS MUST FILL OUT A CLASS 1 HEALTH HISTORY FORM AND TURN IT IN AT THE EVENT. SCOUTS WILL NOT BE ABLE TO PARTICIPATE WITHOUT IT!

Questions? Contact Barry Witten @ 309-333-5057/ b.witten@comcast.net

Account Code #1-6801-717-20

