

**GREEN MOUNTAIN COUNCIL 2020 STATE CAMPOREE**

**REGISTRATION FORM MAY 15-17, 2020**

CALEDONIA COUNTY FAIRGROUNDS,  
ONE FAIRGROUND ROAD, LYNDONVILLE, VT 05851



Lone Scout Male     Lone Scout Female

Boy Troop    Unit # \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

Girl Troop    Contact \_\_\_\_\_ Unit Position \_\_\_\_\_

Cub Pack    Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

<b>*Registered with the BSA</b>				
	<b>*YOUTH</b>	<b>*LEADERS</b>	<b>ADULTS</b>	<b>SUBTOTAL</b>
<b><u>BSA Scout Troop, Crews &amp; Explorers</u></b>				
<input type="checkbox"/> <b>\$35.00</b> (paid by March 15, 2020)	_____	_____	_____	\$ _____
<input type="checkbox"/> <b>\$45.00</b> (after March 16, 2020)	_____	_____	_____	\$ _____
<input type="checkbox"/> <b>\$55.00</b> (after April 16, 2020)	_____	_____	_____	\$ _____
<b><u>CUB Scout Packs (Overnighters) -</u></b>				
<input type="checkbox"/> <b>\$35.00</b> (paid by March 15, 2020)	_____	_____	_____	\$ _____
<input type="checkbox"/> <b>\$45.00</b> (after March 16, 2020)	_____	_____	_____	\$ _____
<input type="checkbox"/> <b>\$55.00</b> (after April 16, 2020)	_____	_____	_____	\$ _____
<b>(ALL Family Camping Rules Apply)</b>				
<b><u>DAY TRIPPERS (Cub Scouts &amp; Families)</u></b>				
<input type="checkbox"/> <b>\$15.00</b> Cub Scouts (05/16/2020)	_____	_____	_____	\$ _____
<input type="checkbox"/> <b>\$5.00</b> Cub family members (05/16/2020)	_____	_____	_____	\$ _____
(Age 4 and under free) Does NOT include event patch		(Adults)	(Siblings)	
If you paid a \$100 Deposit by March 01, 2020 write as negative number here				→ \$ _____
Deposit paid on what date? _____			<b>TOTAL AMOUNT DUE</b> \$ _____	

Leader approval for \$ \_\_\_\_\_ from unit account (from GMC units only)

Check enclosed for \$ \_\_\_\_\_ Payable to "Green Mountain Council BSA"

One time charge of \$ \_\_\_\_\_ to my credit card

**This box for Credit Card Processing only**     Visa     MasterCard     Discover

Name as it appears on Credit Card: \_\_\_\_\_

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_ CVC Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**All payments will be confirmed by email to the address that is listed above**

