

SCOUTS CANADA  
GREATER TORONTO REGION

HALIBURTON SCOUT RESERVE  
CAMPER REGISTRATION FORM

CAMPSITE: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_

TROOP NO. \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

COUNCIL/REGION/  
DISTRICT: \_\_\_\_\_  
HOME TOWN: \_\_\_\_\_

LEADER IN CHARGE	ADDRESS	CITY	PROV/ STATE	POSTAL/ ZIP CODE	PHONE NUMBER	NUMBER OF NIGHTS

OTHER LEADERS/ADULTS

LEADERS NAMES	ADDRESS	CITY	PROV/ STATE	POSTAL/ ZIP CODE	PHONE NUMBER	NUMBER OF NIGHTS

THIS FORM MUST BE COMPLETED BY ALL GROUPS AND PRESENTED UPON ARRIVAL AT CAMP.

PLEASE LIST ALL YOUTH ON THE BACK OF THIS FORM.

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OFFICE USE ONLY

A TOTAL # CAMPERS	B DURATION	A x B = TOTAL CAMPER DAYS
FULL 7 DAYS		
6 DAYS		
5 DAYS		

