

2019 Campership Application
Camperships are for Scouts registered in the Greater Alabama Council
Attending Webelos Resident Camp
(Due June 25, 2019)



Date: _____ (for Council use. Date application received)

Camper's Name: _____ Unit Number _____ District: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Institution: _____

This is to certify that I have personally talked with the above named Scout regarding his attendance and have interviewed his parent(s) or guardian and present the following plan for his attendance fee:

Amount Scout and Family Will pay: \$ _____

Amount Unit or Chartered Organization will pay: \$ _____

Amount of Campership requested: \$ _____ **(75.00 Maximum)**

Total Fee: \$150 Webelos Resident Camp at Camp Comer

Note: Full payment (less campership amount) is due 2 weeks prior to camp (July 8, 2019) to retain campership.

This Scout needs financial aid because _____

Unit Leader Approval

Name: _____ Position in Scouting: _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____

I hereby certify that my son may participate in the activity/Camp. I also give consent for medical treatment for him if, in the opinion of the Camp Director or the Medical Officer it is necessary.

Parent's or Guardian's Signature: _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____

District Executive concurrence signature: _____

Action of Camping Committee: _____

Amount of Campership awarded: \$ _____

Date Unit Leader notified: _____

Forms should be submitted by either:

Mailing: Greater Alabama Council
516 Liberty Parkway, Birmingham, Alabama 35242

Faxing: 205-970-0349

Emailing: camping@1bsa.org