

Provisional Camper Application

(This form to be used by Scouts who wish to attend camp at some time other than the assigned time of their own Scout Troop)

Fee for Provisional Scout \$230

Troop Number: _____ District: _____ Council: _____

Full Legal Name of Scout: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Date of Birth: ____/____/____

Rank: _____ Prior Years at Boxwell: _____ Parents Email: _____

Emergency Information:

Parent/Guardian Name: _____

Daytime Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____

Other Emergency Contacts:

Name: _____ Relationship: _____

Daytime Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____

Name: _____ Relationship: _____

Daytime Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____

Other Information

Choose your Week of Attendance

| | | |
|---|---|---|
| <input type="checkbox"/> Week 1, June 10 – 16 | <input type="checkbox"/> Week 2, June 17 – 23 | <input type="checkbox"/> Week 3, June 24 – 30 |
| <input type="checkbox"/> Week 4, July 1 – 7 | <input type="checkbox"/> Week 5, July 8 – 14 | |

Merit Badge Selections - Merit Badge Schedule page or www.mtcbsa.org

9:00 AM _____

2:00 PM _____

10:00 AM _____

3:00 PM _____

11:00 AM _____

4:00 PM _____

Alternate class choices: _____

Approvals

Parent/Guardian Signature: _____ Date: _____

Scoutmaster Signature: _____ Date: _____

Instructions:

1. Complete all sections.
2. Attach the appropriate fees and return to the Council Service Center (\$50 deposit)
3. Bring Medical Form to camp check in. (Annual Health and Medical Record)

Mail application to: Middle Tennessee Council, BSA, P.O. Box 150409, Nashville, TN 37215