

Request for Longhorn Council Day Camp Campership

50% OF CAMP FEE MUST BE SUBMITTED WITH THIS APPLICATION FOR APPROVAL BY MAY 21st.
Registrations for Cub Scout needing Campership may not be done with the online system.

Pack No. _____ District _____ Cubmaster _____ Date Joined Unit _____

Name _____ Age _____ Rank _____

Address _____

City _____ State _____ Zip _____ Phone _____

Camp _____ Dates for Camp _____

Total Value of Campership Request \$ _____. Maximum award is 50% of Camp Fee (Day Camp only).

Reasons for Campership Request (be specific): _____

Describe in detail EACH Unit Fund Raiser and the Cub's Participation during Past Year:

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Required Signatures

UNIT CERTIFICATION:

I certify on behalf of the Pack Committee that the applicant cannot afford to attend camp without a campership and that Troop funds and projects have been considered and are not available to be provided to the applicant.

Pack Committee Chairman or Cub Master Date Contact Phone Contact email

CHARTERING ORGANIZATION CERTIFICATION:

I certify on behalf of the Chartering Organization that the applicant cannot afford to attend camp without a campership and that Pack funds and projects have been considered and are not available to be provided to the applicant.

Head of Chartered Organization or Chartered Organization Representative Chartered Organization Name Date

Contact Phone Contact email

DISTRICT CERTIFICATION:

I certify on behalf of the District Committee that the applicant cannot afford to attend camp without a campership and that Pack funds and projects have been considered and are not available to be provided to the applicant.

District Committee Chairman or representative Contact Phone Contact email

District Camping Chairman or representative Contact Phone Contact email

COUNCIL CERTIFICATION:

Council Camping Chairman Date Scout Executive or representative Date

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Receipt # _____ Date _____ Paid _____