

DeVos Family Venture Base & Gerber Scout Camp Fee Transmittal Form

Date _____ District _____ Week _____ Unit _____

Use this form to transmit summer camp fees. Make a copy for your records. Please double check your addition.

Scouts Name	Registered with BSA	Campership Applied For	Amount Paid With This Form
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
Adults (2 Adults for the first 10 Scouts and 1 additional for each portion of 10 thereafter)			
1.	Full Week Partial Week # Days _____		
2.	Full Week Partial Week # Days _____		
3.	Full Week Partial Week # Days _____		
4.	Full Week Partial Week # Days _____		
5.	Full Week Partial Week # Days _____		
Event Code 701	Total		

Signature _____ Print Name _____

Title _____ Phone Number _____

White - Office

Yellow - Unit