



SFBAC TV District
Spring Camporee
May 20 – 22, 2011
Rancho Los Mochos



Unit # _____

Adult in Charge: _____
 Address: _____ City: _____ Zip: _____
 Telephone # _____ Email: _____

Participant/Adult Fee: _____ X \$12.00* each = \$ _____
 Staff Fee: _____ X \$10.00 each = \$ _____
 Total Fees Paid \$ _____

*** Paid or postmarked after April 30th fee increases to \$15.00**

Check # _____ **Please make Checks payable to SFBAC**

Total Participants/Adults: _____ Please Submit Registrations to:
 Total Staff: _____ John Walton
 Total: _____ 1451 Chaparral Way
 Livermore, CA 94551

Please list the names of adult attendees below:

Name	Staffing Event
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Youth Staffing Event
1.
2.
3.
4.
5.
6.
7.
8.

Please check the nights you will be camping: Friday _____ Saturday _____

For Staff Use Only: Amt Paid: _____ Check # _____
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Patrol Rosters

Patrol Name - _____

Scout's Name	Rank
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Patrol Name - _____

Scout's Name	Rank
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

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