

Western Los Angeles County Council, B.S.A.  
16525 Sherman Way, Unit C-8, Van Nuys, CA 91406  
Council Headquarters: 818/785-8700  
Camping Department: 818/933-0130  
Camping Reservation FAX: 818-901-4887  
Whitsett@bsa-la.org



## WHITSETT SCOUT CAMP

# 2009 PROVISIONAL SCOUT APPLICATION FORM

Please circle one.

**TROOP / TEAM / CREW #:** \_\_\_\_\_ **COUNCIL:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

Is your troop sponsored by the LDS church: YES / NO If yes, what is the ward name: \_\_\_\_\_

Did you attend a WLACC camp in 2008: YES / NO

**Signature of Parent:** \_\_\_\_\_ **Signature of Scoutmaster:** \_\_\_\_\_  
(required) (required)

By signing above, I accept responsibility for the conduct of the scout while at camp. I agree to provide transportation home for the scout if ever deemed necessary by the camp management should his/her behavior not meet scout standards. As Scoutmaster, I attest that the scout applying is in good standing with my troop and I recommend him as a provisional scout.

### Provisional Scout Registering (Please print all information legibly)

**NAME:** \_\_\_\_\_ **RANK:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**NIGHT PHONE:** ( ) \_\_\_\_\_ **DAY PHONE:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

### Primary Emergency Contact - Direct all billing and information to: (Please print all information legibly)

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**NIGHT PHONE:** ( ) \_\_\_\_\_ **DAY PHONE:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

### Secondary Contact - A second contact person is mandatory for all reservations (reservations will not be processed without this information). MUST BE AT A DIFFERENT ADDRESS from ABOVE: (Please print all information legibly)

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**NIGHT PHONE:** ( ) \_\_\_\_\_ **DAY PHONE:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

**SESSION: 1st choice: # WH** \_\_\_\_\_ **DATES:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **2nd choice: # WH** \_\_\_\_\_ **DATES:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**3rd choice: # WH** \_\_\_\_\_ **DATES:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **4th choice: # WH** \_\_\_\_\_ **DATES:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please enter four choices as Whitsett fills up very quickly

A \$100 deposit must accompany this form. Please write the following account number on your check: **1-6701-109-21**

**UNIT ACCIDENT AND SICKNESS INSURANCE IS REQUIRED FOR ATTENDANCE AT CAMP.** This insurance is secondary to the individual's family medical insurance. All campers should have a copy of the front and back side of their medical I.D. card showing insurance coverage. In the event that a Scout's family has no medical insurance, the troop insurance becomes primary. In this case, a copy of the unit insurance must be brought to camp and will need to be presented for the Scout to receive medical attention. PLEASE COMPLETE INSURANCE INFORMATION:

Is the insurance for your troop carried by your council? Please indicate: **YES / NO**

If your council does not carry insurance for your unit please complete your unit policy details here:

**COMPANY NAME:** \_\_\_\_\_ **POLICY #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_.