CAMP TUSCAZOAR EVENT REGISTRATION FORM

EVENT: _____

Group/Individual name: _____

Adult leader at the event: _____

Address: _____

Phone: _____ Email: _____

Second contact: _____ Email:_____

❒ If attending without a group, check this box to confirm that it is understood that the participant must either have another youth partner who is part of this pre-registration, or be with a parent, and that the above-named leader will be in attendance for the entire activity.

Scouting Level (if applicable, circle one): Cubs Webelos Scouts BSA Venture Girl Scouts Other

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We will be in attendance for:

❒ Full weekend Arrival date: _____ Departure date: _____

Campsites can be reserved online at http://tuscazoar.org/reservations/, by contacting the camp at reservations@tuscazoar.org or calling 330-859-2288.

❒ Saturday only Estimated arrival time: _____

All adults and youth must pay the participation fees, which includes all activities listed on our website for this event.

Participants: _____ Youth + _____ Adults = _____ total @ event price = $ _____ (enclosed)

We have _____ adult(s) willing to help where needed on Saturday

Make check payable to:

Camp Tuscazoar Foundation
and return to:
PO Box 308
Zoarville, OH 44656

Direct questions to info@tuscazoar.org

CAMP TUSCAZOAR
ZOARVILLE, OHIO