

HARRY E. BOVAY, JR. FOUNDATION
CAMPERSHIP
RESIDENTS OF ALL COUNTIES
 Camp Horne Summer Camp - Cub Resident Camp 2025

Applicant Information			
Last Name:	First Name:	M.I.:	
Address:			Apt #:
City:	County:	State:	ZIP Code:
Troop:	District: (circle) River Mountain Prairie	School:	Date of Birth:
Parent's Name:		Emergency Phone:	
Email Address:		Annual Household Income:	

Camperships are ONLY for registered Cubs and will be allotted under the direction of a volunteer committee and the Council Program Director, to families who need the help.

Campership funds are provided by the Harry E. Bovay, Jr Foundation and other gifts made by Friends of Scouting.

SCOUT OBLIGATION

Prior to submission of application, carry out a Service Project for a Church, the community, an elderly person, a sick person, handicapped person, the unit's charter organization or a Black Warrior Council camp to earn the campership. Send report of service with the application.

PARENT OBLIGATION

- Register the Cub Scout in the Packthrough which he/she is applying for the campership.
- Complete Annual Health Screening Form, Parts A & B.
- Provide spending money.
- Provide personal equipment. (See Cub Leader for list of supplies needed.)
- No more than \$75 will be provided for a campership.
- Pay balance of the total camp fee of \$155.

COUNCIL AND CAMP RESPONSIBILITY

1. Provide tents and health service at camp
2. Camp provides 3 meals each day in the dining hall
3. Camp provides opportunities for swimming, activities, rifle range, archery, hiking, and campfires
4. Provide a campership in the amount not to exceed \$ 75. Amount Requesting: \$ _____

I (We) have read the above requirements for the campership and agree to the provisions.

Date: _____ Signature: _____ Signature: _____
Parent/Legal Guardian Scoutmaster

Signatures REQUIRED!

****ALL Campership Applications must be received no later than April 16, 2025 at the Council Office.****

Cub Resident Camp: June 1-4, 2025