



**ALPHA LUPUS**  
**Winter Camp Training**  
*(1<sup>st</sup> time winter campers)*

*Registrations begin November 1<sup>st</sup>, 2011 and closes December 31<sup>st</sup>, 2011*

Troop/Post/Crew Number \_\_\_\_\_ District \_\_\_\_\_ City \_\_\_\_\_

Choose Session #1, #2 or #3. Weekends will be filled on a **first come, first paid basis**.

**Session #1** \_\_\_\_\_ January 20 - 22, / **Session #2** \_\_\_\_\_ February 3 - 5, / **Session #3** \_\_\_\_\_ February 10 - 12,

**(Limited to 32 participants per weekend)**

**Pre-registration is a must.** This is necessary to adequately order for program supplies, food, and the patches needed.  
**Weekends with less than 10 registrants may be cancelled 7 days in advance.**

Participation fee is non-refundable and only transferable to another Scout.

**Unit leader is responsible** for bringing the individual health forms for the unit. **Must have parental signature!**

**ALPHA LUPUS PROGRAM;**

Scouts' Names

- |           |           |           |
|-----------|-----------|-----------|
| 1. _____  | 5. _____  | 9. _____  |
| 2. _____  | 6. _____  | 10. _____ |
| 3. _____  | 7. _____  | 11. _____ |
| 4. _____  | 8. _____  | 12. _____ |
| 13. _____ | 14. _____ | 15. _____ |

Leaders Attending;

Address, City, Zip

Cell Phone Number

- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

Total number (Scouts & Leaders) \_\_\_\_\_ x \$35.00 = \$ \_\_\_\_\_

**Fees must be received by 4:00 p.m. December 31<sup>st</sup>, 2011**

Return to:  
Alpha Lupus Training  
Central Minnesota Council, BSA  
1191 Scout Drive  
Sartell, MN 56377