

Ockanickon Scout Reservation – Washington Crossing Council, B.S.A.

2019 PAYMENT TRANSMITTAL

Troop #: _____ Female Male Council: _____ District: _____

Week Attending Camp:

- | | |
|---|--|
| <input type="checkbox"/> Scout Week #1: June 23 rd - June 29 th | <input type="checkbox"/> Scout Week #5: July 21 th - July 27 st |
| <input type="checkbox"/> Scout Week #2: June 30 th - July 6 th | <input type="checkbox"/> Scout Week #6: July 28 th - August 3 rd |
| <input type="checkbox"/> Scout Week #3: July 7 th - July 13 th | <input type="checkbox"/> Scout Week #7: August 4 th - August 10 th |
| <input type="checkbox"/> Scout Week #4: July 14 th - July 20 th | |

Your Account Credit:

Any credit on your account should be deducted from your payments. You can find this amount on your statement. Your **2019 Summer Camp deposit** will be part of the credit on your statement.

Payment Enclosed:

We estimate we will be bringing: # _____ Scouts and # _____ Adults to camp.

We are paying for:

# of Scouts: _____	\$ _____ Each	Amount: \$ _____
# of Scouts with sibling discounts*: _____	\$ _____ Each	Amount: \$ _____
# of Arrow of Light Crossovers**: _____	\$ _____ Each	Amount: \$ _____
# of Crossovers with sibling discounts*: _____	\$ _____ Each	Amount: \$ _____
Total for Scouts w/Scholarships:***		Amount: \$ _____
# of Adults: _____	\$ _____ Each	Amount: \$ _____
Total due: Amount: \$ _____		
Subtract existing credit: \$ (_____)		
Total amount enclosed with this transmittal: \$ _____		

* \$50 fee reduction after the first Scout.

** Rate for female Troops - **2019 ONLY**.

*** The Scout's portion of the fee is calculated by taking the \$415 fee less the scholarship amount awarded.

Make troop checks payable to WCC, BSA. **Credit Cards Are Not Accepted.**

Please mail payment to: Washington Crossing Council, B.S.A.
One Scout Way
Doylestown, PA 18901

Please sign below to acknowledge the acceptance of our [refund policy](#).

Signature: _____

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