

Camp McKee 2024 – Final Payment Sheet

FINAL PAYMENTS ARE DUE IN THE COUNCIL OFFICE BY **MAY 22**

This is a two page form - please complete BOTH pages

UNIT INFORMATION

Week Attending: Week 1: June 23-29 Week 3: July 7-13

Unit #: _____ District: _____ Council: _____

Summer Camp Contact Name: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

PAYMENT WORKSHEET

		Qty			
Scout Fees	Scouts	X	\$ 400	=	\$
Adult Leader Fees	Adults	X	\$ 100	=	\$
Merit Badge Class Fees	Climbing Merit Badge Class	X	\$ 30	=	\$
	Mountain Biking	X	\$ 20	=	\$
	Cooking	X	\$ 10	=	\$
	Electronics	X	\$ 15	=	\$
	Space Exploration	X	\$ 15	=	\$
Adult T-Shirt Fees	Adult Small through X-Large	X	\$ 10	=	\$
	2X	X	\$ 11	=	\$
	3X	X	\$ 12	=	\$
	4X	X	\$ 13	=	\$
Misc Fees	Saturday Early Arrival	X	\$2	=	\$
					=

TOTAL FEES DUE: \$

PAYMENT WORKSHEET

Week Attending: Week 1: June 23-29 Week 3: July 7-13

Unit #: _____ Campsite #: _____

PAYMENTS/CREDITS

Campsite Deposit (\$100)	Date Paid: _____	\$ _____
Payment	Date Paid: _____	\$ _____
Payment	Date Paid: _____	\$ _____
Payment	Date Paid: _____	\$ _____
Payment	Date Paid: _____	\$ _____
Payment	Date Paid: _____	\$ _____
Payment	Date Paid: _____	\$ _____
Payment	Date Paid: _____	\$ _____
Payment	Date Paid: _____	\$ _____
Campership Credit (1/4)	_____ x \$100	\$ _____
Campership Credit (1/2)	_____ x \$200	\$ _____
Campership Credit (3/4)	_____ x \$300	\$ _____
TOTAL PAYMENTS/CREDITS:		\$ _____

PAYMENT INFORMATION

Complete the Unit Roster and mail with payment to:
Blue Grass Council, Summer Camp 2024, 2134 Nicholasville Road, Suite 3, Lexington, KY 40503
or email to susanann.stone@scouting.org

Total Fees Due (front) = \$ _____

MINUS Payments/Credits (this side) - \$ _____

Balance Due/Payment Enclosed = \$ _____

Check enclosed

Please charge my: Visa MasterCard American Express Discover

Card #: _____ Exp. Date: _____ Code: _____

Return the following with final payment by May 22:

- This payment worksheet
- Scout Roster
- Adult Leader Roster

You may request a specific check-in time.
Check-in will begin at 1:00 PM with sessions every 10 minutes. Please try to arrive before 4:00 PM.
Times are scheduled on a first request basis.

Time Requested: _____

DO NOT WRITE IN THIS BOX – OFFICE USE ONLY

DATE RECEIVED: _____ DATE PROCESSED: _____ INVOICE NUMBER: _____ INITIAL: _____