



CCJ'10 - Offer of Service Application Form
Day-Tripper
Choose One Day or More to Volunteer



Can't come all week? Want to participate in the Centennial Cub Jamboree July 2010? We are taking Offer of Services on a day-tripper basis. All registered members of Scouts Canada can apply. Day-Tripper means you are staying for Lunch only and that cost is reflected in the cost of the OOS Rate. Breakfast and/or supper are not included in the fee and not available. This is for Offer of Service only. Leaders will need to attend with an attending Cub Pack for the week. Cost - per day OOS - \$15.00 or if coming for the weekdays only (i.e 8:30-5:30pm) Cost - \$75.00/week

Centennial Cub Jamboree 2010
Day-Tripper Offer of Service Application Form
Camp Everton July 25 – July 31, 2010

Complete and e-mail to Centennial Cub Jamboree Registrar (registrar@ccj10.com or Iromanica@scouts.ca) or send to CENTENNIAL CUB JAMBOREE 2010, 99 Bristol Road East, Unit 156, Mississauga ON L4Z 3P4 **Please send in no later than May 31, 2010** for planning purposes.

Name:		Membership Reg. #	
Jungle Name (optional):		Address:	
Phone No.		City/Town:	
Email Address:		Postal Code:	
Group:	Area:	Council:	
Jobs – please mark up to 3 choices in order of preference	Preference	Jobs – please mark up to 3 choices in order of preference	Preference
Day Programs		Sub-Camp Teams	
Parking		Ministerial or Compassionate Care	
Security		Food Services	
Evening Programs		Site Services	
Music		Administration	
Day Out-trip Bus Supervisor		Post Office	
Opening/Closing Programs		Communications	
Ceremonial Campfire		Where needed: specify skill to contribute	
Other:		Choose option: by the day or by the weekdays	
Days Attending:		<input type="checkbox"/> \$15.00 x _____ days = \$ _____ total <input type="checkbox"/> \$75.00 for the weekdays only = \$75.00	
S____ M____ T____ W____ T____ F____			
Recruited for:	Recruited by:		
Please make Cheques payable to: "Scouts Canada-CCJ10" Cost includes necker and woggle. Crest available at an additional cost.	TOTAL CHEQUE SUBMITTED		
Please provide a copy of your MMS registration form at time of registration. Carry a copy with you at all times.			
Medical Allergies or ; Special Needs:			
Food Preference: _____ Vegetarian Meal Plan / _____ Non-Vegetarian Meal Plan			
Restrictions: Please list anything that might restrict you in your OOS.			