2010 SUMMER CAMP RESERVATION FORM

WE WANT TO MAKE A $100.00 PER SITE, PER UNIT RESERVATION DEPOSIT!

Gorton – Cubs Scouts
____ Week #1, July 8-11
____ Week #2, July 13-16
_____ Webelos Camp, Aug. 4-7

Gorton
___ Week #1, July 18 - July 24
___ Week #2, July 25 – July 31
___ Week #3, Aug. 1 - Aug. 7
___ Week #4, Aug. 8 - Aug. 14

Brulé
___ Week #1, July 11 - July 17
___ Week #2, July 18 - July 24
___ Week #3, July 25 –July 31

CIRCLE: TROOP CREW **UNIT NUMBER: _____**

DISTRICT: _____ **COUNCIL: _____**

1st SITE CHOICE: _____ **2nd SITE CHOICE: _____**

Required **- Min. # of Expected Youth: _____** ***Required*** **- Max. # of Expected Youth: _____**
Required **- Min. # of Expected Adults: _____** ***Required*** **- Max. # of Expected Adults: _____**

I UNDERSTAND THE FOLLOWING RESERVATION POLICIES REGARDING FEES AND CANCELLATIONS:

- **A REQUESTED SITE IS NOT GUARANTEED!**
- **For Units that attended camp in 2009, the Unit Reservation Form AND Deposit MUST BE RECEIVED no later than September 30, 2009 to hold a spot. On October 1st, Any Unit from any Council may make a reservation.**
- **A cancellation request of the Unit Reservation Deposit MUST BE IN WRITING to receive a refund or credit.**
- **The Unit Reservation Deposit is 100% NON-REFUNDABLE if a cancellation request is made fewer than 90 days prior to the Unit's Reserved Week.**
- **The "EARLY BIRD" fee please check Leader's Guide handed out in January.**
- **The "FULL" camp fee is please check Leader's Guide handed out in January.**

Printed Unit Leader Name: _____ **Position: _____**
{The Key Unit Leader = Cubmaster, Scoutmaster or Crew Advisor}

Mailing Address: _____
City/State/Zip: _____
Home Phone: _____ **Work Phone: _____**
E-Mail Address: {PLEASE PRINT CLEARLY} _____

Alternate Contact Name: _____ **Position: _____**

Mailing Address: _____
City/State/Zip: _____
Home Phone: _____ **Work Phone: _____**
E-Mail Address: {PLEASE PRINT CLEARLY} _____

Payment Option: ___ Check Attached ___ Charge Unit Account – FRC Units ONLY! ___ Charge Card

___ MC ___ VISA ___ AMX **Account #: _____**
Expiration Date: _____ **Name on Card: _____**

RETURN THIS FORM WITH PAYMENT TO:

Five Rivers Council, B.S.A., 2004 Camp Reservations, P.O. Box 5190, Horseheads, NY, 14844