

For Office Use Only:

Date Received _____ Clerk's Initials _____

2008 Summer Camp Reservation Form

This form will only be processed when accompanied by \$250 Deposit

Troop # _____ Council Name _____

Contact Person _____

Mailing Address _____

Phone Numbers

Home _____ Cell _____

Work _____ Fax _____

Email Address _____

Select Week Attending:

Week 1: June 8 - 14

Week 2: June 15 - 21

Week 3: June 22 - 28

Week 4: July 6 - 12

Camp Site Request:

Please select top three choices:

_____ Site 1 _____ Site 5

_____ Site 2 _____ Site 6

_____ Site 3 _____ Site 7

_____ Site 4

Number of Campers Attending

Merit Badge Program

_____ Youth

Tri-State Stomp Program

_____ Youth

_____ Male Adult

_____ Female Adult

Total

_____ Youth

_____ Male Adult

_____ Female Adult

Camp Reservation / Damage Deposit

This deposit is required of all units attending camp. If any camp property or equipment is damaged by the unit, notification will be made and monetary compensation is required. If the amount exceeds \$250, the unit will promptly pay the balance. This deposit cannot be applied to unit fees. It may be carried over for 2009 Summer Camp or will be refunded. Refunds are mailed after August 1, 2008 to the address provided above.

We will do our best to honor all requests, however due to space availability we reserve the right to move a unit.

Send the completed form and deposit to:

Chattahoochee Council Summer Camp

5480 Schatulga Road

Columbus, GA. 31907

FAX: 706-327-3622