

Site Reservation Form CUB SCOUT RESIDENT CAMP 2008

FRENCH CREEK COUNCIL, BOY SCOUTS OF AMERICA CUSTALOGA TOWN SCOUT RESERVATION

Pack# _____
 District _____ CD CK OP WT
 Council (if **NOT** FCC)..... _____

Please register us for the following participants.
 These are approximate numbers that will be confirmed with payment on April 1st.

Scouts _____
 Adults _____ (Total Adults staying at the same time.)

Please select the **session** you would like to attend, indicate 1st, 2nd, and 3rd choice.

	Preference
Session #1 (July 27 th through July 30 th)	_____
Session #2 (July 31 st through August 3 rd)	_____
Session #3 (August 4 th through August 7 th).....	_____
Session #4 (August 8 th through August 11 th).....	_____

Please select the campsite you wish to stay in, indicate your 1st, 2nd, and 3rd choices under campsite.

CAMPSITES

Adirondacks..... _____	Perry _____	Shenango..... _____
Beard..... _____	Powell _____	Upper Drake..... _____
Boyce _____	Seton _____	West..... _____
Lower Drake _____	Schell..... _____	

Please list your unit's camp coordinator. This is the person additional information will be sent to.

Name: _____	Position: _____
Address: _____	Day Phone: _____
City, State, Zip _____	Evening Phone: _____
e-mail address: _____	Cell Phone: _____

A **\$50.00 Non-Refundable** deposit is required when submitting the application. This deposit will be applied to your unit's total camp fee.

Method of Payment:

_____ Check # _____
 _____ Unit Account
 _____ Cash
 _____ Credit Card (MasterCard or VISA only)

Card Number _____
 Expiration Date _____
 Name as on Card _____

Send form and payment to:

French Creek Council, BSA
 1815 Robison Rd West
 Erie, PA 16509-4999
 FAX – 814-868-7514