

2012 Summer Camp Troop Reservation Form

Unit # _____ Council _____ District _____

Campsite Request: 1st Choice _____ 2nd Choice _____

3rd Choice _____ Best Available _____

Expected camp attendance: Youth _____ Adults _____

Camp Coordinator/Leader 1

Name _____ Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

E-mail _____

Camp Coordinator/Leader 2

Name _____ Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

E-mail _____

Calendar

Please check the week you plan to attend.

| | Week | Start | End |
|---------------------------------------|--------|---------|---------|
| <input type="checkbox"/> Summer Camp | Week 1 | June 17 | June 23 |
| <input type="checkbox"/> Summer Camp | Week 2 | June 24 | June 30 |
| <input type="checkbox"/> Summer Camp | Week 3 | July 1 | July 7 |
| <input type="checkbox"/> Summer Camp | Week 4 | July 8 | July 14 |
| <input type="checkbox"/> *Summer Camp | Week 5 | July 15 | July 21 |

*Regular week of Boy Scout Summer Camp and co-ed Venturing Resident Camp.

Please mail or deliver this reservation form to:

Quapaw Area Council

3220 Cantrell Road

Little Rock, AR 72202

Fax: (501) 664-4785

www.quapawbsa.org

_____ I have included my \$100 campsite reservation fee.