Five Rivers Council Boy Scouts of America

2014 SUMMER CAMP RESERVATION FORM

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

Camp Gorton

___ Week #1, July 13 - July 18
___ Week #2, July 20 – July 25
___ Week #3, July 27 – August 1
___ Week #4, August 3 - August 8

Camp Brulé

___ Week #1, July 13 - July 18
___ Week #2, July 20 - July 25
___ Week #3, July 27 – August 1

Select: ❒ 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 2013, the Unit Reservation Form AND Deposit MUST BE RECEIVED no later than September 30, 2013 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" and "FULL" dates & fee's will be printed in the 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 / Mobile Phone: _____

E-Mail Address: {PLEASE PRINT CLEARLY} _____

****Both Camp Brulé and Camp Gorton will again be using an online Merit Badge Registration system in 2014. Please include the contact information for the person for your Unit who should receive the information to log into that site.****

Merit Badge Contact Name: _____ Position: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Work / Mobile Phone: _____

E-Mail Address: {PLEASE PRINT CLEARLY} _____

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

❒ MC ❒ VISA ❒ AMX Account #: _____

Expiration Date: _____ Name on Card: _____

RETURN THIS FORM WITH PAYMENT TO:

Five Rivers Council, B.S.A., Reservations, 3300 Chambers Road Suite 5190, Horseheads, NY, 14845

(Please Retain a Copy for your Records)