Five Rivers Council Boy Scouts of America

2014 CUB SCOUT SUMMER CAMP RESERVATION FORM

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

Camp Gorton - July 7th - July 10th

PACK 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 & fees 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} _____

Alternate 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., Camp Reservations, P.O. Box 5190, Horseheads, NY, 14844

(Please Retain a Copy for your Records)