Cub Scout Resident Overnight Camp 2019 Pack Reservation Form

Pack #:	_ Council:		District:		
Camp Contact Leader	's Name:				
Mailing Address:					
City:		State:	Zip Code:		
Home Phone:		Business/Cell Phone:			
Email Address:					
Cub Scout Overnight	t Resident Camp D	ates: Check t	he appropriate box(s) below		
☐ Tuscarora Full Week		August 4-August 9			
☐ Tuscarora Half Week Session		August 4-August 7			
□ Tuscarora Half Week Session		August 8-August 11			
□ Camp Barton Half Week		August 8-August 10			
Please contact Rebek	ah Moore at the Co	uncil Service C	enter to reserve a Campsite.		
application to Baden-F adequate for the camp	Powell Council, BSA pers and leaders list campsite capacities	. This fee will g ed below. Fina	week and is payable at the time of guarantee your Pack a place in camp al site assignments will be based on may be used toward camper or leader		
	dual deposits by Ma		March 31, 2019. Units who make their eligible for a \$20.00 early bird discount		
			Adults in 2018.		
Our Pack expects to	camp	Scouts and	I Adults in 2019.		
Reservation Accepted	d By:		Date:		
Fee Payment: Amour	Payment: Amount \$		Payment Type:		