2013 Camp McKee Summer Camp Reservation Form

PLEASE FILL THIS FORM OUT CLEARLY AND COMPLETELY SO WE CAN NOTIFY YOU IF THERE ARE ANY CHANGES
(E-mail addresses are required to comply with the electronic camp management software)

The deposit to reserve a campsite is $100. Make checks payable to Blue Grass Council and include your check or payment information with this form. Reservations are not guaranteed without payment. **Deposit will be applied to your total camp balance,** please remember this as you are making your first payment. The campsite deposit fee is non-refundable.

Minimum number of campers to a site is 25. If your troop cannot meet the minimum number of campers, you may have to share a campsite with one or more troops. The Camp Director also reserves the right to move smaller units to other campsites to accommodate larger units. Occupancy is two people (*including leaders) per tent. Please do not set up one to a tent unless you have brought your own. Exceptions to this are uneven or male / female leader numbers.

Indicate the number of each you expect at camp

	Scouts
	Male Leaders
	Female Leaders

Check the week you would like to attend.

Check Choice	Week	Dates
	Week 1	June 16-22
	Week 2	June 23-29
	Week 3	June 30 - July 6
	Week 4	July 7-13

Please indicate your 1st through 3rd choices.

Choice	Campsite	Capacity
	1	40
	2	40
	3	20
	4	30
	5	30
	6	40
	7	30
	8	40
	9	30
	10	30
	11	30
	12	40
	13	30

LEADER CONTACT INFORMATION

Troop #_____ **District**_____ **Council**_____

Primary Contact

Name_____ Registered Position_____

Address_____ City/ST/Zip_____

Daytime/Cell Phone_____ Home Phone_____

Email Address (required)_____

Secondary Contact

Name_____ Registered Position_____

Address_____ City/ST/Zip_____

Daytime/Cell Phone_____ Home Phone_____

Email Address _____

PAYMENT INFORMATION

Deposit Total $100

Mail payment to: Blue Grass Council, Summer Camp 2013, 3445 Richmond Rd., Lexington, KY 40509
or fax with credit card information to 859-252-3785

☐ Check Enclosed ☐ Please charge my (circle one): ☐Visa ☐MasterCard ☐AmExpress ☐Discover

Card #_____ Exp. Date_____

FOR OFFICE USE ONLY

DATE PROCESSED_____ INVOICE NUMBER_____ WEEK _____ CAMPSITE_____ INITIAL_____