

## 2018 Summer Camp Reservation Form – Camp McKee

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,** and will not be rolled over to next year’s camp. Any overpayments will be refunded at the end of the summer camp season. 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.

We would like to attend the following week:       Week 1: June 17-23                       Week 2: June 24-30  
                                                                                   Week 3: July 1-7                                               Week 4: July 8-14

Campsite Preference:

Campsite #	1	2	3	4	5	6	7	8	9	10	11	12	13
Maximum Capacity	40	40	20	30	30	40	30	40	30	30	30	40	30
Preferred Choice (choose 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )													

Anticipated attendance (list number anticipated under each category):

Boy Scouts/Male Venture Scout	Female Venture Scouts	Male Leaders	Female Leaders

### Unit Information:

Troop # \_\_\_\_\_

District:  Elkhorn     Lake Cumberland     Lonesome Pine     Mt. Laurel     Palisades     Shawnee     Other

Council Name: \_\_\_\_\_

### Contact Information:

Primary Contact:

Leader Name: \_\_\_\_\_ Leadership Position: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Daytime/Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact:

Leader Name: \_\_\_\_\_ Leadership Position: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Daytime/Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Information:**     Check Enclosed (make checks payable to Blue Grass Council)

Charge my:  Visa     MasterCard     American Express     Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

DO NOT WRITE IN THIS BOX – OFFICE USE ONLY		
INVOICE #: _____	DATE RECEIVED: _____	AMOUNT RECEIVED: \$ _____

