

2015 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 21-27
	Week 2	June 28—July 4
	Week 3	July 5-11
	Week 4	July 12-18

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 2014, 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 _____