

Troop No. _____
District/Council _____



ILLOWA COUNCIL
BOY SCOUTS OF AMERICA.

LOUD THUNDER SCOUT RESERVATION 2012 CAMPSITE RESERVATION APPLICATION

PLEASE INDICATE THE CONTACT PERSON FOR YOUR TROOP.

This person will receive your reservation confirmation and other camp materials.

NAME: _____ POSITION IN TROOP: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____ WORK PHONE: _____

PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW, INDICATING THE TROOP'S PREFERENCE AS TO WEEK OF ATTENDANCE AND DESIRED CAMPSITE. GIVE 1ST, 2ND, AND 3RD CHOICES FOR BOTH WEEK AND CAMPSITE.

WEEK OF ATTENDANCE:

ESTIMATED ATTENDANCE:

(1) _____ JUNE 10 - 16

(2) _____ JUNE 17 - 23

(3) _____ JUNE 24 - JUNE 30

(4) _____ JULY 8 - 14

OF SCOUTS: _____

OF ADULTS: _____

CAMPSITE:

_____ BEARCLAW
_____ BROKEN ARROW
_____ CALUMET (FRONT / BACK)
_____ FLINT
_____ HAWK (FRONT / BACK)

_____ LONG BOW
_____ TOMAHAWK (FRONT / BACK)
_____ TOTEM (LEFT / RIGHT)
_____ WARCLUB (CONCRETE* / GRASS)
_____ WIGWAM

* HANDICAPPED ACCESSIBLE

NOTES: A \$50 SITE FEE **MUST** ACCOMPANY THIS RESERVATION. ALL CHECKS ARE TO BE MADE PAYABLE TO ILLOWA COUNCIL, BSA. ALL RESERVATIONS ARE ACCEPTED ON THE FIRST-COME FIRST-SERVED BASIS. **ALL** INFORMATION ABOVE MUST BE COMPLETED TO FINALIZE RESERVATIONS.

A minimum of twenty four (24) campers is necessary to reserve a campsite for the Troop's exclusive use. The Council reserves the right to assign two or more smaller Troops to the same campsite. Sites may change due to conditions in the site.

I HAVE READ AND UNDERSTAND THE TERMS ABOVE:

LEADERSHIP SIGNATURE

(PRINT NAME)

DATE - _____

Bring or mail to: ILLOWA COUNCIL, 4412 N. Brady St., Davenport, IA 52806 563-388-7233 or FAX 563-388-7040
If at Camp, please turn into Camp Office Manager.