

Troop No. \_\_\_\_\_

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



ILLOWA COUNCIL  
BOY SCOUTS OF AMERICA.

## LOUD THUNDER SCOUT RESERVATION 2013 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: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

RESOURCES

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

	<u>WEEK OF ATTENDANCE:</u>	<u>ESTIMATED ATTENDANCE:</u>
(1)	_____ JUNE 9- 15	
(2)	_____ JUNE 16- 22	# OF SCOUTS: _____
(3)	_____ JUNE 23- 29	# OF ADULTS: _____
(4)	_____ JUNE 30-JULY 6	

CAMPSITE:

- |                               |                                   |
|-------------------------------|-----------------------------------|
| _____ BEARCLAW                | _____ LONG BOW                    |
| _____ TOMAHAWK (FRONT / BACK) | _____ TOTEM (LEFT / RIGHT)        |
| _____ CALUMET (FRONT / BACK)  | _____ WARCLUB (CONCRETE* / GRASS) |
| _____ FLINT                   | _____ WIGWAM                      |
| _____ HAWK (FRONT / BACK)     | * HANDICAPPED ACCESSIBLE          |

**NOTES:** RESERVATIONS FOR A SPECIFIC CAMPSITE FOR SUMMER CAMP 2013 ARE ACCEPTED FIRST DURING CAMP 2012 FROM THE TROOP IN THAT CAMPSITE UNTIL DEPARTURE FROM CAMP ON SATURDAY OF THAT WEEK. SHOULD THE OCCUPYING TROOP NOT RESERVE THAT SITE, IT BECOMES OPEN. OPEN SITES MAY BE RESERVED BY ANY UNIT ON OR AFTER SATURDAY OF THAT WEEK. RESERVATIONS REQUIRE THE \$50 NON REFUNDABLE CAMPSITE FEE TO BE PAID AT THE TIME OF THE RESERVATION.

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