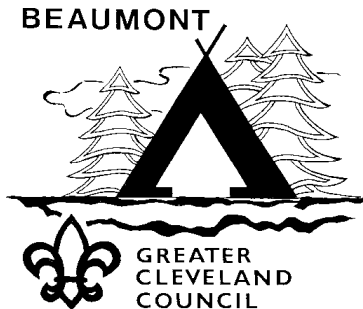


2009 TROOP RESERVATION

Troop No _____ District _____

Council Name _____



CAMP FEE

Dining Hall: \$ 200.00 / Scout Early Bird Fee
 \$ 225.00 / Scout Regular Fee
 \$ 100.00 / Leader

Patrol Cooking: \$ 125.00 / Scout Early Bird Fee
 \$ 150.00 / Scout Regular Fee
 \$ 40.00 / Leader

Troops 1st two leaders free then one leader free for every multiple of 10 Scouts over 20.

BEAUMONT SCOUT RESERVATION

(circle a date and campsite or cabin, check food method)

<u>Dates</u>	<u>Camp McCahill</u>	<u>Camp Broadbent</u>	<u>Camp McIntosh</u>	<u>Food Method (check one)</u>
June 21 – June 27	Lone Hickory	Aspen Glen	Cabin #1	Dining Hall <input type="checkbox"/>
	Long Needle	Chestnut	Cabin #2	
June 28 – July 4	Riverside	Ermer	Cabin #3	
	Trumbull	Hemlock Grove	Cabin #4	
July 5 – July 11	Twisted Trees	Hemlock Point	Cabin #5	
	Whispering Leaves	Meadows	Cabin #6	Patrol Cooking <input type="checkbox"/>
July 12 – July 18		Poplar		
		Twin Ash		
		Valley View *		
		White Oak *		
		Wolff *		

* **Platform Tent Site**

NOTE - A reservation site fee of \$200.00 is required in order to hold your site. (See payment schedule below).

The reservation site fee will apply to the total camp fee. Since reservations are accepted on a first come, first served basis, it is a good idea to indicate your first and second choice of campsite when you are mailing your reservation request. **Camperships are available for those Scouts who need assistance.**

EARLY BIRD PAYMENT SCHEDULE

- \$ 200.00 - Site fee with original reservation
- \$ 100.00 - Per youth is due March 31st with estimated youth and adult attendance

The balance of your camp fees, with youth and adult attendance, are due by May 15th.

The Early Bird Discount Fee applies only if you meet both the March 31st and May 15th deadlines.

Each payment is non-refundable.

If payment and attendance count is not made on time, site may be reassigned.

Person Making Reservation:

Contact Person:

(Contact person will receive all information)

Signature: _____

Print Name: _____

Print Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Estimated Number: Youth _____

Phone - Business: _____

Adult's _____

Phone - Home: _____

For Office Use Only

Count
Youth Adult

_____	_____	Payment _____	Receipt # _____	Date _____
_____	_____	Payment _____	Receipt # _____	Date _____
_____	_____	Payment _____	Receipt # _____	Date _____
_____	_____	Payment _____	Receipt # _____	Date _____
_____	_____	Payment _____	Receipt # _____	Date _____
_____	_____	Payment _____	Receipt # _____	Date _____
_____	_____	Payment _____	Receipt # _____	Date _____
_____	_____	Payment _____	Receipt # _____	Date _____

Total Paid _____

<u>Final Count</u>	_____	Youth	x	_____	=	_____
	_____	Youth	x	_____	=	_____
	_____	Adults	x	_____	=	_____
	_____	Adults	x	_____	=	_____

Total Amount Due = _____