

SLIPPERY FALLS SCOUT RANCH



2012 Campsite Reservation Form

Council: _____ Unit Type: Troop Team Crew
 Unit Number:
 Camp Session: 01 02 03 04 05 06

Unit Leader Contact Information

Dates: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone 1: Type: Home Office Mobile

Telephone 2: Type: Home Office Mobile

Telephone 3: Type: Home Office Mobile

E-mail Address: _____

Camping Information

Estimated number of campers: ____ Youth ____ Adults

\$100 deposit is required for each campsite. Please number campsites in order of preference.

- | | |
|--|---|
| <input type="checkbox"/> Arrow C [△] | <input type="checkbox"/> Lightning |
| <input type="checkbox"/> Arrowhead [△] | <input type="checkbox"/> Nichols Don [△] |
| <input type="checkbox"/> Broken Wagon Wheel [△] | <input type="checkbox"/> Okay |
| <input type="checkbox"/> Charlie Brown [△] | <input type="checkbox"/> Rafter B [△] |
| <input type="checkbox"/> Diamond E [△] | <input type="checkbox"/> Rocking R |
| <input type="checkbox"/> Dog Iron | <input type="checkbox"/> Shield Lightning |
| <input type="checkbox"/> Dollar Sign | <input type="checkbox"/> Spade [△] |
| <input type="checkbox"/> Four E [△] | <input type="checkbox"/> Walking Seven |
| <input type="checkbox"/> H J Connected [△] | <input type="checkbox"/> W F Connected [△] |
| <input type="checkbox"/> Lazy S | [△] tents & platforms provided |

Special needs: Mobility needs Special diet Early or late arrival Other
 Comments: _____

