



KERR SCOUT RANCH *at Slippery Falls*



2020 Reservation Form

Council: _____

Unit Type&Unit Number _____

Camp session Dates:

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6

Dates: _____

Unit Leader Contact Information

First Name: _____ Last Name: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Telephone 1: _____

Telephone 2: _____

Telephone 3: _____

E-mail Address: _____

Estimated Number of Campers: Youth ____ Adults ____

\$200 Deposit Required for each campsite, please number campsites in order of preference

- Arrow C [△]
- Arrowhead [△]
- Broken Wagon Wheel [△]
- Charlie Brown [△]
- Diamond E [△]
- Dog Iron
- Dollar Sign
- Four E [△]
- H J Connected [△]
- Lazy S

- Lightning
- Nichols Don [△]
- Okay
- Rafter B [△]
- Rocking R
- Shield Lightning
- Spade [△]
- Walking Seven
- W F Connected [△]

[△] *tents & platforms provided*

Special Needs:

- Mobility Needs
- Special Diet
- Early or Late Arrival
- Other

Comments: _____

