

KERR SCOUT RANCH at SLIPPERY FALLS

2020 MAVERICK RESERVATION FORM

Council: _____ Unit Type: Troop Team Crew

Unit Number: _____ Camp Session: 1 2 3 4 5 6

Maverick Camper Information

First Name: _____

Last Name: _____

Rank: _____

Birthday: _____

Parent Information

First Name: _____

Last Name: _____

Mailing address:

City: _____ State: _____

ZIP: _____

Telephone: _____ Type: Home Office Mobile

Email _____

Address: _____

Will the parent be attending ?Yes / No

If yes, how many days will the parent be in camp? _____

Emergency Contact Information Name:

_____ Phone #:

_____ Relationship:

2020 MAVERICK RESERVATION FORM Scoutmaster Approval I approve this Scout
to attend summer camp. Printed Name: _____ Date:

_____ Signature: _____ PROVIDE

LETTER OF REFERENCE FROM PARENT OR ADULT LEADER.