



KERR SCOUT RANCH

at Slippery Falls



2021 MAVERICK RESERVATION FORM

Council: _____

Unit Type: Troop Crew

Unit Number:

Camp Session: 1 2 3 4

Maverick Camper Information

Dates: _____

First Name: _____

Last Name: _____

Rank: _____

Birthday: _____

Parent Information

First Name: _____

Last Name: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Telephone 1: Type: Home Office Mobile

Telephone 2: Type: Home Office Mobile

Email Address: _____

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

Emergency Contact Information

Name: _____ Phone #: _____

Relationship: _____

Scoutmaster Approval

I approve this Scout to attend summer camp. Printed Name: _____

Date: _____ Signature: _____

PROVIDE LETTER OF REFERENCE FROM PARENT OR ADULT LEADER.