



2008 Boy Scout Resident Camp Unit Reservation Deposit Form

Council Camping Desk: 1-800-427-1417 ext. 117
POB 13558, Sacramento, CA 95853-3558

Priority will be on a first come, first served basis using the date of receipt in a Council office as the determining date. Do not delay – sessions fill quickly.

Camp Dates

(Select Choice)

Camp Lassen

- Week 1 June 22 – 28
- Week 2 CLOSED
- Week 3 July 13 – 19

Camp Winton

- Week 1 JUNE 22- 28 *LDS
- Week 2 CLOSED
- Week 3 CLOSED
- Week 4 CLOSED
- Week 5 CLOSED
- Week 6 CLOSED
- Week 7 CLOSED
- Week 8 Aug 10- 16

Camp Robert L. Cole

- Week 1 July 14 - 19
- Week 2 July 20 –26
- Week 3 July 27 - Aug 2

Instructions:

To reserve a spot for your Unit at a Boy Scout Resident Camp, please complete the form below and mail to Camping Services or deliver to any Council Service Center along with a \$100 deposit payable to Golden Empire Council. The \$100 deposit is Non-Refundable. The deposit will be applied to the unit's total camp fees.

It is important to realistically estimate number of youth and adults on this form. Camps use these numbers for advanced planning of programs, materials and supplies. BSA National Health and Safety Standards require a minimum of two adults to be present and participating.

After receipt of the reservation form and deposit, a High Sierra Camp Guidebook will be sent to the unit contact person.

(Please print or type all information)

Unit Type: _____ Unit # _____ **Estimated number attending:** _____

District: _____ Youth: _____ Adults: _____

Council: _____ **Preferred Campsite:**

1st Choice: _____

2nd Choice: _____

(Campsites are based on unit size and availability)

Please select method to receive Camp Guidebook: Email Hard Copy

Unit Contact Person: _____ Position: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Secondary Contact Person: _____ Position: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Amount Enclosed \$ _____ Payment: Check Credit (visa/MC) Unit Account

Authorizing Signature for Credit Card/Unit Account: _____

Account Number: _____ Exp. Date: _____

Print Name: _____ Date: _____