



2020 BSA Scout Summer Camps

Unit Reservation Deposit Form

Golden Empire Council, BSA

Council Camping Desk: 916-333-5434
P.O. Box 13558, Sacramento, CA 95853-3558
Website: www.gec-bsa.org Email: camping@gec-bsa.org

Priority will be given on a first-come, first-served basis using the date of receipt in the Council office/email as the determining date. Do not delay!

CAMP LASSEN SUMMER 2020 Camp Dates

Cub Scout

Week 3a Aug 2-5

Youth Scouts \$225
Adult Leaders \$225

Scouts BSA Troops

Week 1 July 19-25
 Week 2 July 26 – Aug 1
 Week 3b+ Aug 5-11

Youth Scouts \$450
Adult Leaders \$250

CAMP WINTON 2020 Water/Shooting Sports Weekend

Scouts BSA Troops

Weekend 1 Aug 14-16
 Weekend 2 Aug 21-23
 Weekend 3 Aug 28-30
 Weekend 4 Sept 4-6
 Weekend 5 Sept 11-13
 Weekend 6 Sept 18-20

Youth Scouts and Leaders \$85

Instructions:

To reserve a spot for your unit for one of our GEC Camps sessions, please complete the fillable form or scan the completed form and email it to the Camping Desk, at Camping@GEC-BSA.org. **Full payment will due by June 8th, 2020 for Camp Lassen and July 7th, 2020 for Camp Winton Weekends.**

There are new and specific details regarding Health and Safety this year to comply with COVID19 guidelines. For more details please visit our website at GEC-BSA.org.

BSA National Health and Safety Standards require a minimum of two adults to be present and participating with each unit. A 2020 Camp Unit Leader Guide is available on the Camp's [website](#), elements may be modified to maintain current Health and Safety Codes.

(Please print or type all information)

Council: _____

District: _____

Unit Type: _____ Unit # _____

Lassen Summer: Youth: _____ Adults: _____

Winton Weekend: Youth: _____ Adults: _____

Please confirm attendance numbers and complete payment by Monday, June 8th, 2020 for Lassen, and July 7th for Camp Winton Weekends. Payment can be made online through the Doubleknot System or by contacting the Camping Department for alternative payment options.

Unit Contact Person: _____ Position: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (____) _____ Cell/Home

Other Phone: (____) _____ Cell/Home

Email Address: _____

Secondary Contact Person: _____ Position: _____

Primary Phone: (____) _____ Cell/Home

Other Phone: (____) _____ Cell/Home

Email Address: _____