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 Date Rcvd. _____

2018 SUMMER CAMP SITE RESERVATION FORM

Yes, our Troop will attend camp next summer under our own leadership.

We expect to have _____ # of Scouts and _____ # of Adults/Leaders.

Please indicate the weeks your Unit requests to attend camp, by listing a 1, 2, and 3 in front of the week(s), in order of preference.

- ___ Week 1: June 24 – June 30 ___ Week 2: July 1 – July 7 ___ Week 3: July 8 – July 14
 ___ Week 4: July 15 – July 21 ___ Week 5: July 22 – July 28 ___ Week 6: July 29 – August 4

Please indicate three choices below by putting; 1, 2, & 3 in front of the site your Unit requests in order of preference.

Bear Paw Campsite Capacity				Gardner Dam Campsite Capacity			
Choices:	Site	Minimum	Maximum	Choices:	Site	Minimum	Maximum
___	Potawatomi	16	40	___	Ambush	16	45
___	Stockbridge	16	20	___	Big Rock	16	25
___	Chippewa	20	35	___	Howe	24	60 *
___	Munsee	16	20	___	Hrubecky	16	25
___	Ottawa	12	20	___	Kreif	16	45
___	Fox	32	40	___	Milbauer	16	45
___	Sioux	40	48	___	Mountain View	16	30 – Closed for Maintenance
___	Kickapoo	14	20	___	River Bluff	16	30
___	Oneida	18	35	___	Schubert	20	35
___	Winnebago	18	25	___	Seaborne	16	20
___	Miami	24	50	___	Skagway	16	40
___	Huron	28	40	___	Smith	16	40
___	Sauk	14	24				
___	Ojibwa	20	28				
___	Menominee	20	40				
___	Iroquois	20	30				

*Accommodations can be made for Units over 60.

Note: If your Troop has less than 80% of the site capacity, the Council reserves the right to assign another Troop to use the patrol areas in that Troop site not used by your Troop.

Attached is our \$50.00 site reservation fee. We understand that this will be applied to the total of our camp fees and is NON-REFUNDABLE.

Date: _____ Troop Number: _____ District/Council: _____

Upon approval of this form, the registration process for participants will be completed online. Please fill out the information below regarding the person who will be completing the registration for the Unit online. (There may only be one person in charge of completing the registration online.)

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone (H) _____ (C) _____
 E-mail: _____

Mail to:
Bay-Lakes Council, BSA
P. O. Box 267
Appleton, WI 54912