CUB RESIDENT CAMP
2010 RESERVATION FORM

PACK #_____ DISTRICT_____

Circle One: SESSION #1 JULY 28 – 30, 2010 SESSION #2 JULY 30 - AUGUST 1

CUB SCOUT LEADER:_____

ADDRESS:_____

PHONE NUMBER:_____ WORK:_____

SECOND LEADER:_____

ADDRESS:_____

PHONE NUMBER:_____ WORK:_____

NO. OF CUB SCOUTS:_____ NO. OF ADULTS:_____

NO OF ADULTS WHO ARE FEMALE_____

WE ARE AWARE THAT PACKS WILL BE COMBINED IN CAMPSITES.

DEPOSIT:_____ DATE OF RESERVATION:_____

*PLEASE NOTE YOUR $50.00 DEPOSIT IS APPLIED TO YOUR CAMP FEES!

Payment may be made by one of the following:

____ (rollover)

____ (cash)

____ (check) Make checks payable to: **Hawk Mountain Council**

____ (charge unit account) **Unit Number** _____

____ (credit card) Master Card or Visa or Discover (circle one)

Name as it appears on card: _____

Address _____

_____

Credit Card Number: _____

Expiration Date: _____

3 digit code on back of card _____