

# Site Reservation Form CUB SCOUT RESIDENT CAMP 2009

## FRENCH CREEK COUNCIL, BOY SCOUTS OF AMERICA CUSTALOGA TOWN SCOUT RESERVATION

Pack# ..... \_\_\_\_\_  
 District ..... \_\_\_\_\_ CD CK OP WT  
 Council (if **NOT** FCC)..... \_\_\_\_\_

Please register us for the following participants.  
 These are approximate numbers that will be confirmed with payment on April 1<sup>st</sup>.

Scouts ..... \_\_\_\_\_  
 Adults ..... \_\_\_\_\_ (Total Adults staying at the same time.)

Please select the **session** you would like to attend.

	Preference
Session #1 (July 26 <sup>th</sup> through July 29 <sup>th</sup> ).....	_____
Session #2 (July 30 <sup>th</sup> through August 2 <sup>nd</sup> ).....	_____
Session #3 (August 3 <sup>rd</sup> through August 6 <sup>th</sup> ).....	_____
Session #4 (August 7 <sup>th</sup> through August 10 <sup>th</sup> ).....	_____

Please select the campsite you wish to stay in, indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices under campsite.

**CAMPSITES**

Adirondacks..... _____	Perry ..... _____	Shenango ..... _____
Beard..... _____	Powell ..... _____	Upper Drake ..... _____
Boyce ..... _____	Seton..... _____	West ..... _____
Lower Drake ..... _____	Schell ..... _____	

Please list your unit's camp coordinator. This is the person additional information will be sent to.

Name: _____	Position: _____
Address: _____	Day Phone: _____
City, State, Zip _____	Evening Phone: _____
e-mail address: _____	Cell Phone: _____

A **\$50.00 Non-Refundable** deposit is required when submitting the application. This deposit will be applied to your unit's total camp fee.

Method of Payment:

\_\_\_\_\_ Camp Credit  
 \_\_\_\_\_ Check # \_\_\_\_\_  
 \_\_\_\_\_ Unit Account  
 \_\_\_\_\_ Cash  
 \_\_\_\_\_ Credit Card (MasterCard or VISA only)

Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Name as on Card \_\_\_\_\_

**Send form and payment to:**  
 French Creek Council, BSA  
 1815 Robison Rd West  
 Erie, PA 16509-4999  
 FAX – 814-866-7514