



2018 TEN MILE RIVER SCOUT CAMPS LAKESIDE FAMILY CAMP RESERVATION FORM



KEY CONTACT: (Please complete all lines)

Name _____ E-mail _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

ALTERNATE CONTACT:

Name _____ E-mail _____

Daytime _____ Evening Phone _____

CABIN PREFERENCE: 1ST _____ 2ND _____ 3RD _____

We want to attend Family Camp Week(s)

<input type="checkbox"/> Week 0 – July 01 – 07	<input type="checkbox"/> Week 3 – July 22 – 28	<input type="checkbox"/> Week 6 – August 12 – 18
<input type="checkbox"/> Week 1 – July 08 – 14	<input type="checkbox"/> Week 4 – July 29 – August 4	<input type="checkbox"/> Week 7 – August 19 – 25
<input type="checkbox"/> Week 2 – August 15 - 21	<input type="checkbox"/> Week 5 – August 05 - 11	

FEES & PAYMENT OPTIONS:

To reserve your place at Family Camp, please enclose a \$200.00 non-refundable deposit per cabin/per week.

Cash
 Check
 Money Order
 Visa
 MasterCard
 American Express
 Discover

Credit Card Payments: (Complete the following Credit Card Information):

Card Holder F-Name _____ L-Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Card Number _____ Expiration Date _____

Signature _____

Office Use Only

Date Rec'd: _____ Receipt # _____ Amount Paid _____ Entered by _____