



Theodore Naish Scout Reservation _____
H. Roe Bartle Scout Reservation _____

Troop # (4-digit) _____ District _____
 Out of Council Name _____ Council # _____

**2019 BOY SCOUT SUMMER
 CAMP DRAW UNIT
 RESERVATION FORM**

*Each troop **MUST** complete this form even if their desire is to camp with another troop.*

Boy Scout Camping Information:
 (816) 569-4928
 E-mail: laura.campbell@scouting.org
 10210 Holmes Road
 Kansas City, MO 64131-4212

Correspondence regarding camp will be sent to this person, including invoices & camp packets

Primary Contact: _____
 Email Address: _____
 Address: _____
 City, State, Zip: _____
 Mobile Phone #: (____) _____
 Home Phone #: (____) _____

Should be the Camp Scoutmaster if he/she is not already the primary

Secondary Contact: _____
 Email Address: _____
 Address: _____
 City, State, Zip: _____
 Mobile Phone #: (____) _____
 Home Phone #: (____) _____

Circle what is most important to your Troop: **Session or Camp**

Session #
 (list three different choices)

1ST Choice _____
 2ND Choice _____
 3RD Choice _____

Camp Name
 (list three different choices)

1ST Choice _____
 2ND Choice _____
 3RD Choice _____

Campsite Name
 (list three different choices)

1ST Choice _____
 2ND Choice _____
 3RD Choice _____

DATES

T. Naish Scout Reservation

- 1 - June 2-8, 2019
- 2 - June 10-15, 2019

Bartle Scout Reservation

- 1 - June 4-13, 2019
- 2 - June 14-23, 2019
- 3 - June 22 - July 3, 2019
- 4 - July 6-15, 2019
- 5 - July 16-25, 2019

It is important to realistically estimate number of youth and adults on this form. Camps use these numbers for advanced planning of programs, materials and supplies. BSA National Health & Safety Standards require a minimum of 2 adults to be present & participating.

* **Boy Scout Camp Refund Policy** – (Units may fill the slot internally.) Cancellation before final payment date is \$50.00 per slot canceled. **To request a refund after the final fee payment date (4/17/2019), a letter requesting a refund explaining the circumstance must be sent to the Camping Committee within 2 weeks after the close of your camp session.** Refunds will not be considered for change of mind, vacation plans, extended sports schedules, weather or no shows. Approved refunds will be credited to the Troop's Unit Account at the Council Service Center for use by authorized representatives from the Troop for Scout Shop purchases, registration fees, activity, and training fees.

	_____	# of Scouts			
	+	_____	# of FT /Shared Leaders		
			<small>(3 FT Shared Leaders = 6 Part time Leaders)</small>		
	=	_____	Total # Attending		
	X	\$50.00	*Refund Policy (non-refundable fee)		
	X	3%	(Debit/Credit Card Payments Only)		
	\$	_____	Total Amount Due		

ASSIGNMENT
 For office use only!

Session # _____
 Camp _____
 Campsite _____
 Assigned by _____

FT Shared Leaders – 2 Part time leaders can combine part time days at Bartle to make 1 full time leader slot. Non-refundable fees of \$50.00 will apply for cancelled slot. *See Refund Policy at www.hoac-bsa.org.