



2020 SCOUTS BSA 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

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 _____

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

Theodore Naish Scout Reservation _____

H. Roe Bartle Scout Reservation _____

Troop # (4-digit) _____ District _____

Out of Council Name _____ Council # _____

Primary Contact: _____

Correspondence regarding camp will be sent to this person

Email Address: _____

Address: _____

City, State, Zip: _____

Mobile Phone #: (_____) _____

Home Phone #: (_____) _____

Secondary Contact: _____

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

Email Address: _____

Address: _____

City, State, Zip: _____

Mobile Phone #: (_____) _____

Home Phone #: (_____) _____

DATES

T. Naish Scout Reservation

1 - June 7-13, 2020

2 - June 14-20, 2020(tentative)

Bartle Scout Reservation

1 - June 4-13, 2020

2 - June 14-23, 2020

3 - June 22 - July 3, 2020

4 - July 6-15, 2020

5 - July 16-25, 2020

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.

* Scouts BSA Camp Refund Policy –

(Units may fill the slot internally.) Cancellation before final payment date is \$75.00 per slot canceled. **To request a refund after the final fee payment date (4/15/2020), 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.

See full Refund Policy at www.hoac-bsa.org.

_____	# of Scouts
+	_____ # of FT /Shared Leaders <small>(3 FT Shared Leaders = 6 Part time Leaders)</small>
=	Total # Attending
X	\$75.00 *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 deposit of \$75.00 will apply for cancelled slot.

*See Refund Policy at www.hoac-bsa.org.

White – HOAC

Yellow – Unit