



# 2024 SCOUTS BSA SUMMER CAMP DRAW RESERVATION FORM

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

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

**Session #**  
(list three different choices)

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

**Camp Name**  
(list three different choices)

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

**Campsite Name**  
(list three different choices)

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

\* 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 (4/24/2024), 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](http://www.hoac-bsa.org)

**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 #: (\_\_\_\_\_) \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_  
Should be the Camp Scoutmaster if he/she is not already the primary

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mobile Phone #: (\_\_\_\_\_) \_\_\_\_\_

## DATES

**T. Naish Scout Reservation**  
June 9-15, 2024

## **Bartle Scout Reservation**

- 1 - June 4-13, 2024
- 2 - June 14-23, 2024
- 3 - June 24-July 3, 2024
- 4 - July 6-15, 2024
- 5 - July 16-25, 2024

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.

_____	# of Scouts
+	# of FT /Shared Leaders <small>(3 FT Shared Leaders = 6 Part time Leaders)</small>
=	<b>Total # Attending</b>
X	\$75.00 *Refund Policy (non-refundable fee)
X	3% (Debit/Credit Card Payments Only)
\$	<b>Total Amount Due</b>

For office use only!  
**ASSIGNMENT**

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](http://www.hoac-bsa.org).