



Heart of America Council

2027 SCOUTS BSA SUMMER CAMP DRAW RESERVATION FORM

Camping Information:
816.569.4928
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)

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 _____

*** 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 payment (4/14/2027), a letter requesting a refund explaining the circumstance must be sent to the Camping Committee within 2 weeks after your camp session. Refunds will not be considered for change of mind, vacation plans, weather, sports schedules 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

Theodore Naish Scout Reservation H. Roe Bartle Scout Reservation

Troop # (4-digit) _____ District _____

Out of Council Name _____ Council # _____

Linked Troop w/ Troop # (4-digit) _____ Family Troop: Y / N

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 6-12, 2027

Bartle Scout Reservation

1 - June 3-12, 2027

2 - June 13-22, 2027

3 - June 23-July 2, 2027

4 - July 6-15, 2027

5 - July 16-25, 2027

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

(3 FT Shared Leaders = 6 Part-time Leaders)

=

Total # Attending

X \$75.00 *Refund Policy (non-refundable fee)

X 3% (Debit/Credit Card Payments Only)

\$

Total Amount Due

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.

White – HOAC Yellow – Unit