

2019 WEBELOS SUMMER CAMP RESERVATION FORM



Webelos Camping Information:
 Barbara Thatsanithone; E-mail: Barbara.Thatsanithone@scouting.org
 10210 Holmes Road, Kansas City, MO 64131-4212 www.hoac-bsa.org

Pack # _____

District _____

***Primary Contact Name:** _____
*Correspondence regarding camp will be sent to the PRIMARY contact, INCLUDING INVOICES AND ROSTERS.

Address: _____

City, State, Zip: _____

Home Phone Number: (____) _____ Mobile Phone #: (____) _____

E-mail: _____

Secondary Contact Name: _____

Address: _____

City, State, Zip: _____

Home Phone Number: (____) _____ Mobile Phone #: (____) _____

E-mail: _____

It is important to realistically estimate the number of youth and adults on this form. Camps use these numbers for advanced planning of programs, materials and supplies.

of Scouts _____ x \$155.00 = _____

of FT Leaders _____ x \$145.00 = _____

of PT Leaders _____ (# of PT Leader Days _____ x \$60.00 per day) = _____

of Den Chiefs _____ x \$50.00 = _____

Total Fee Due = \$ _____

Session # (List the Session You Would Like) _____
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Session Dates					
1	June 20-22, 2019	FULL	6	July 11-13, 2019	FULL
2	June 23-25, 2019	FULL	7	July 14-16, 2019	
3	June 27-29, 2019	FULL	8	July 18-20, 2019	
4	June 30-July 2, 2019	FULL	9	July 21-23, 2019	
5	July 7-9, 2019	FULL			

CAMPING ASSIGNMENT (For office use only)
Session # _____
Assigned by _____



2019 Refund Policy

A unit is expected to pay for the number of campers and leaders at the final fee payment date for their camp. **No refunds will be granted after the final fee payment date**, however, transfers within the unit will be allowed. We understand that certain circumstances do arise that may result in a camper not being able to attend camp at the last minute. For a refund after the final fee payment date, a letter requesting a refund and explaining the extenuating circumstances must be sent to the Camping Committee of the Heart of America Council within two weeks of the end of your camping session. Letters should be mailed to:

Heart of America Council
Boy Scouts of America
10210 Holmes
Kansas City, MO 64131
Attn: Council Camping Committee.

Any request concerning a medical illness of a Scout or Leader must be accompanied by a signed doctor's statement. Refunds will not be considered for change of mind, vacation plans, extended sports schedules, weather or no shows. The Camping Committee will review all requests and their decisions will be final.

I have read and understand the Refund Policy that the Council Camping Committee has stated above. **Refund requests will not be reviewed and/or accept if turned in after the two-week deadline.**

District _____ Unit Number _____

Signed _____