

Akelaland

2010 CUB SCOUT RESIDENT CAMP Unit Reservation Sign Up Form

INSTRUCTIONS: Council Camping Desk: 610-465-8568

To reserve a spot for your unit at Akelaland Resident Camp, please complete the form below and mail or deliver to the Minsi Trails Council Service Center along with a \$100 deposit. *The \$100 deposit is non-refundable and cannot be used for boy fees or rolled into next year.*

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. BSA National Health and Safety Standards require a minimum of two adults to be present and participating.

After receipt of the reservation form and deposit, a Leaders Guide will be sent to the unit contact person beginning January 1, 2010.

(Please Print or Type all information)

Pack # _____ District _____ Council _____

Estimated Youth attending: _____ # of adults: Male _____ Female _____

Circle your preferred week at Camp:

WEEK 1 – June 27-July 2

Week 2 – July 4-July 9

Week 3 July 11-16

Week 4 July 18-July 23

Week 5 July 25-July 30

Week 6 Aug 1 - 6

Week 7 – Aug. 8-13

Pick your preferred Campsite: (subject to availability)

1st Choice: _____ 2nd Choice: _____

(Sites are assigned as per unit size and site capacity. Site preferences will be honored if unit fills 90% of site's capacity.)

Unit Contact

Person: _____ Position: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone _____

Email Address: _____

Secondary Contact Person: _____ Position: _____

Daytime Phone: _____ Evening Phone _____

Email Address: _____

AMOUNT ENCLOSED \$ _____ Payment check Unit Account

Authorizing Signature for Unit Account: _____

Print Name: _____ Date: _____

| |
|---|
| For Office Use: Date Received: _____ Application Processed: _____ |
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Please Mail form to:

Minsi Trails Council, Boy Scouts of America
Attention Camping Department
PO Box 20624
Lehigh Valley, PA. 18002