

2010 FAMILY CAMPING RESERVATION FORM
SCHIFF SCOUT RESERVATION ----- July 6th through August 15th

Please reserve space in the Hendrickson Family Camping Area of Schiff Scout Reservation for:

Full Name of REGISTERED member: _____

Cub Scout _____ Boy Scout _____ Venturer _____ Adult _____

Where REGISTERED member is registered (Pack, Troop, Crew, Post, Team, Ship # and district) _____

NOTE: If reservation is made at camp, a current registration card MUST be presented.

Check-in Monday through Friday is between 9:00 am to 8:00 pm

We plan to arrive on (Circle one) Mon. Tues. Wed. Thurs. Fri. Sat. (Date) _____ at _____ o'clock

We plan to depart on (Circle one) Mon. Tues. Wed. Thurs. Fri. Sat. (Date) _____ at _____ o'clock
 (There is no Family Camping on Sundays from 11:00 am through Mondays at 9:00 am)

Number of Adults	_____	X \$15.00	=	_____
Number of Children 7 and Older	_____	X \$ 8.00	=	_____
Number of Children 6 and Younger	_____	(FREE)		
Total Above		\$ _____	X _____	= \$ _____
				Service Charge* = \$ _____
				TOTAL DUE = \$ _____

***\$10.00 service charge applicable when reservation and/or fee payment is made at camp.**

We understand that alcoholic beverages and controlled substances are not permitted in camp, and that family campers are not permitted to participate in any Cub-Parent weekend activities. This includes all program areas in camp. Waterfront, BB range, and archery are available Monday through Thursday with the permission of the camp director. We also understand the council's standard refund policy applies to this reservation.

In compliance with the Americans with Disabilities Act, Theodore Roosevelt Council, BSA will make all reasonable efforts to accommodate persons with disabilities at its facilities. Please call the council service center at 516-797-7600 with you request.

Family Name: _____

Address: _____

Town: _____ State _____ Zip Code _____

Mail completed form WITH CHECK PAYABLE TO: THE THEODORE ROOSEVELT COUNCIL, BSA
 OR FILL IN CREDIT CARD INFORMATION BELOW:

Name: _____ Type of Card: MC VISA AMEX Credit Card #: _____

Exp. Date: _____ CVD (Security Code #): _____ Signature: _____

Office Use Only: Receipt # _____ Date _____ Amount _____



Account Number: 1-6704-002-21