

Unit Application for Summer Camp
Muskingum Valley Scout Reservation

This form is necessary to complete our records. Please fill out and return to the council office.
Each unit camping must pay the Unit Reservation Fee.

**NOTE: A \$75.00 UNIT RESERVATION FEE MUST BE RETURNED WITH THIS APPLICATION.
THIS IS NOT TRANSFERABLE OR REFUNDABLE**

1. Camp leader and Scoutmaster information is necessary for our mailing records. Please indicate complete addresses.

Unit Type/Unit # _____
Council _____

If out of council: Please list carrier and policy number for your Unit/Council Accident Insurance.

_____ Carrier
_____ Policy Number

2. Unit Leader _____ Daytime Phone # (_____) _____ - _____

E-mail: _____ Cell Phone # (_____) _____ - _____

Address _____
Street City State Zip

3. Camp Leader _____ Age _____ Daytime Phone # (_____) _____ - _____

E-mail: _____ Cell Phone # (_____) _____ - _____

Address _____
Street City State Z

4. Campsite (please mark first, second, third choice).

___ Hopewell—Adirondack	___ Friendship	___ Frederickson
___ Hopewell	___ Zane	___ Delaware
___ Walnut—Lower	___ Eagle	___ Whiteeyes
___ Walnut—Adirondack	___ Buckeye	___ Appleseed—Adirondack

5. Estimate on camp attendance: We plan to have _____ scouts and _____ leaders at MVSR this year.
(Please estimate carefully. These numbers are critical to our planning. In some cases, two small troops may be asked to share a site.)

6. Camp period: Please mark first and second choice, if possible.

___ First Week	___ Second Week	___ Third Week
___ Fourth Week	___ Fifth Week	

Note: This form may be turned in at camp when paying the next camping season unit reservation.

Unit Reservation Paid: _____ (date) Receipt # _____ Amount _____

NOT TRANSFERABLE OR REFUNDABLE