



UNIVERSAL RESERVATION FORM FOR COUNCIL-OWNED CAMP PROPERTIES
(Use for Camporees and/or Troop Camping)

Submit form with payment; including deposit (if applicable) for Camporees.

Date(s) of Event: _____

Service Unit: _____ Troop #: _____

Adult Contact: _____

Contact Address: _____

Phone: _____ Cell: _____

Email: _____

[] Camp Telogia
Site:

- ___ Green Thumb
___ White Oaks
___ Sunshine
___ Day Site

[] Camp Nocatee
Site:

- ___ 1 Little Critter Village
___ 2 Whispering Pines
___ 3 Daisy Depot
___ 4 Rabbits Foot
___ 5 Sleepy Hollow
___ 6 Tree Toops

[] Camp Welaka
Site:

- ___ Sandy Ridge
___ Hillside
___ Eastwind
___ Meadow
___ Outpost
___ Cedar Hollow
___ Infirmary
___ Whispering Woods
___ Cook's Cabin

Facilities: check all that apply

Approx. Arrival Time: _____

Approx. Departure Time: _____

- [] Pool:
[] Canoes:
[] Sports Field/ Court:
[] Founders Hall/ Lodge (NO kitchen use):
[] Founders Hall/Lodge with kitchen use:
[] Arts and Crafts Center:
[] Nature Center:

- Nocatee Welaka
Nocatee Welaka
Nocatee Welaka
Nocatee Welaka
Nocatee Welaka
Nocatee only
Nocatee only

Certified Persons: (Adult Contact is responsible to confirm all certifications are current.)

- Lifeguard: _____
• Small Craft Instructor: _____
• Camp Trained Adult: _____
• First Aid Adult: _____
• Certified Cook: _____

Emergency Contact Adult: (This Adult should be "at home" and not be at the camp site.)

Name: _____

Evening Phone: _____ Cell Phone: _____

Attendees: Include Numbers of all anticipated participants.

Girls: ___ Daisies ___ Brownies ___ Juniors
___ Cadettes ___ Seniors ___ Ambassadors
Adults: ___ Women ___ Men

I have read, understand and agree to comply with all camp policies, standards and registration procedures. I understand that as the Adult Contact, I am responsible for Permission Slips and Health History Forms.

Adult Contact: _____ Date: _____