

Hiawathaland Council

Boy Scouts of America

Camp Hiawatha Boy Scout Summer Camp Reservation Form

Reference: Camp Hiawatha Boy Scout Summer Camp Reservation Policy

Date _____

Troop # _____ Council if other than Hiawathaland _____

Contact Person _____

Address, City, State, Zip _____

Phone Day _____ Evening _____ Fax _____

Email Address _____

Week: _____

Campsite: First Choice _____

Second Choice _____

Third Choice _____

Anticipated # of Youth _____ Adults _____

Number of Patrol Sites: _____ (one for every 10 campers- youth & adult)

Reservation Fee: (Number of Patrol Sites X Fee less carryover) \$ _____

Special requests or considerations:

FOR CAMP DIRECTOR USE:

Assigned to Week # _____, Campsite # _____, Patrol sites # _____.

Date _____ Approval _____