



Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone () _____ Alternate/Fax: () _____

Troop #: _____ Council: _____

Number of Scouts (best guess): _____ Adults: _____
A modest overestimation is recommended.

*\$200 deposit due upon receipt of this reservation form at the Council office. This money will be applied to the final total, except in the case of cancellation, at which point, it will be **non-refundable**.*

Cost per Scout: \$315 x No. of Scouts _____ = \$ _____

First Adult (free) + No. of Extra Adults (full price) = \$ _____
***A minimum of eight (8) scouts required to be considered a troop**

If paid in full by Friday, May 1, 2009 – cost is \$10 less per person

Which session would you like to attend? 1st choice _____ 2nd choice _____
Campsites will be assigned by Camp Director based on the size of troop.

2009 Session Dates

- | | | |
|--|--------------------------|-----------------------|
| 1. June 29-July 4 <u>LDS Week</u> | 3. July 12-18 | 6. August 2-8 |
| Monday-Saturday | 4. July 19-25 | 7. August 9-15 |
| 2. July 5-11 | 5. July 26-Aug. 1 | |

Please check method of payment:

Cash _____ Check# _____ Visa _____ MasterCard _____ Discover _____ American Express _____

Credit Card #: _____ Exp. _____ / _____

Signature as it appears on credit card _____

*This is not a binding contract. Your reservation will be confirmed. Every attempt will be made to reserve your first choice. However, **reservations will be made on a first-come-first-serve basis and available space.** If after you receive confirmation of your reservation, you decide not to attend, please contact us as soon as possible so that the space can be offered to another troop.*

Sign: _____ Title _____ Date _____

**San Gabriel Valley Council
3450 E. Sierra Madre Blvd.
Pasadena, CA 91107
(626) 351-8815 x237, fax (626) 351-9149**