



KERR SCOUT RANCH at Slippery Falls



2024 CAMPSITE RESERVATION FORM

Council: _____

Unit Type: Troop Crew

District: _____

Unit Number:

Camp Session: 1 2 3 4

Unit Leader Contact Information

Dates: _____

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone 1: Type: Home Office Mobile

Telephone 2: Type: Home Office Mobile

Telephone 3: Type: Home Office Mobile

E-mail Address: _____

Camping Information

Estimated number of campers: _____ Youth _____ Adults

\$200 deposit is required for each campsite. Please number campsites in order of preference.

- | | |
|---|---|
| <input type="checkbox"/> Arrow C ⁰¹²³ | <input type="checkbox"/> Lightning |
| <input type="checkbox"/> Arrowhead ⁰¹²³ | <input type="checkbox"/> Nichols Don ⁰¹²³ |
| <input type="checkbox"/> Broken Wagon Wheel ⁰¹²³ | <input type="checkbox"/> Okay |
| <input type="checkbox"/> Charlie Brown ⁰¹²³ | <input type="checkbox"/> Rafter B ⁰¹²³ |
| <input type="checkbox"/> Diamond E ⁰¹²³ | <input type="checkbox"/> Rocking R |
| <input type="checkbox"/> Dog Iron | <input type="checkbox"/> Shield Lightning |
| <input type="checkbox"/> Dollar Sign | <input type="checkbox"/> Spade ⁰¹²³ |
| <input type="checkbox"/> Four E ⁰¹²³ | <input type="checkbox"/> Walking Seven |
| <input type="checkbox"/> H J Connected ⁰¹²³ | <input type="checkbox"/> W F Connected ⁰¹²³ |
| <input type="checkbox"/> Lazy S | <input type="checkbox"/> ⁰¹²³ tents & platforms provided |

Special needs: Mobility needs Special diet Early or late arrival Other

Comments: _____