



KERR SCOUT RANCH

at Slippery Falls



2026 CAMPSITE RESERVATION FORM

Council: _____ Unit Type: Troop Crew
District: _____ Unit Number:
Camp Session: 01 02 03

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

\$100 deposit is required for each campsite. Please number campsites in order of preference.

- Arrow C **14
- Arrowhead **12
- Broken Wagon Wheel **17
- Charlie Brown **13
- Diamond E **12
- Dog Iron
- Dollar Sign
- Four E **25
- H J Connected **26
- Lazy S

- Lightning
- Nichols Don **12
- Okay
- Rafter B **12
- Rocking R
- Shield Lightning
- Spade **11
- Walking Seven
- W F Connected **12

**** tents & platforms provided**

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

Comments: _____