



# KERR SCOUT RANCH

## at Slippery Falls



## 2023 Maverick Reservation Form

Council: \_\_\_\_\_

Unit Type: ☐ Troop ☐ Crew

Unit Number:

Camp Session: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

### Maverick Camper Information

Dates: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Rank: \_\_\_\_\_

Birthday: \_\_\_\_\_

### Parent Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone 1

Type: ☐ Home ☐ Office ☐ Mobile

Telephone 2:

Type: ☐ Home ☐ Office ☐ Mobile

Email Address: \_\_\_\_\_

Will the parent be attending? If yes, how many days will the parent be in camp? \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Scoutmaster Approval

I approve this Scout to attend summer camp. Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

PROVIDE LETTER OF REFERENCE FROM PARENT OR ADULT LEADER.