



SCOUTING AMERICA
**LONGHORN
COUNCIL**

2026 Maverick Reservation Form

Council: _____

Unit Type: ☐ Troop ☐ Crew

Unit Number:

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Camp Session: ☐ 1 ☐ 2 ☐ 3

Maverick Camper Information

Dates: _____

First Name: _____

Last Name: _____

Rank: _____

Birthday: _____

Parent Information

First Name: _____

Last Name: _____

Mailing address: _____

City: _____

State: _____ ZIP: _____

Telephone: _____

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: _____

Host Scoutmaster Approval

I approve this Scout to attend summer camp with my unit. Printed Name: _____

Date: _____ Signature: _____

Unit Number: _____