

Return Form To: New Birth of Freedom, BSA
1 Baden Powell Lane
Mechanicsburg, PA 17050



PLEASE PRINT

OUR UNIT IS FROM _____ COUNCIL, BSA PACK # _____ TROOP # _____ CREW# _____

ARRIVAL CHECK-IN:

DATE _____ 20 _____
(Check in is between 4 and 10 PM on Friday)

DEPARTURE CHECK-OUT:

DATE _____ 20 _____

LEADERSHIP:

UNIT LEADER (Must be 21 or over)

SECOND LEADER (Must be 18 or over)

AGE _____ HOME # _____

AGE _____ HOME # _____

CELL # _____ WORK # _____

CELL # _____ WORK # _____

E-MAIL _____

E-MAIL _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CITY _____ STATE _____ ZIP CODE _____

OUT OF COUNCIL UNIT INSURANCE POLICY # _____

GROUP SIZE: YOUTH: BOYS _____ GIRLS _____ ADULTS: MALE _____ FEMALE _____ TOTAL NO: _____
NOTE: ALL GROUPS MUST HAVE 2 ADULT LEADERS. CO-ED GROUPS REQUIRE CO-ED LEADERSHIP.

PLEASE CHECK WHICH FACILITY YOU WOULD LIKE TO REQUEST:

- Amp Lodge (24) _____ Reisman Shelter (16) _____ Dining Hall Room Only _____
Herbert Lodge (24) _____ Ritter Lodge (24) _____ Kitchen/Dining Hall _____
Labor Lodge (50) _____ Rotary Lodge (65) _____ Wagner Training Center (35) _____
Adirondacks (24) _____ Stockade (24) _____ West Perry Lodge (10) _____
Olewine Cabin (56) _____ Thunderbird Lodge (24) _____ Whitaker Lodge (32) _____
Tent Site _____

_____ CHARCOAL GRILLS REQUESTED. TIME REQUESTED _____

CAMPSITE REQUESTED (Not Guaranteed): 1ST CHOICE _____ 2ND CHOICE _____

UNIT PAYMENT INFORMATION:

TOTAL FACILITY FEE IS \$ _____

TOTAL DUE IS \$ _____

50% deposit required at time of reservation and balance due 30days prior to arrival

As the leader in charge of our group, I have read and agree to follow and enforce all the camp rules as outlined on the opposite side of this application.

Signature of Leader _____ Date _____