

Camp Tapico Summer Camp Family Camping Reservation Form

Check In: _____ Date: Time: _____

Check Out Date _____ Time _____

Adult Person Responsible for Family Camp Reservation

Name _____

Address _____

Emergency Contact Person _____

Phone Number _____

Vehicle Year _____ Make _____

Model _____ Color _____

License Plate Number _____

Shelter Description (Tent, camper, trailer, motor home – description, size, model, color, etc. ___

Total Number of Nights _____ x \$15.00 = _____

_____ x \$20.00 = _____ with Electrical hook up.

Are you eating meals with the Troop?

Total Number of Breakfasts _____ x \$5.00 = _____

Total Number of Lunches _____ x \$5.00 = _____

Total Number of Dinners _____ x \$5.00 = _____

Total Number of Premium Dinners _____ x \$8.00 = _____

Total Fee _____

Scoutmasters Approval _____

Responsible Adult Signature _____

Roster of Family Camping Members (List full names)
