

# Pre-Camp Information Form

Please complete this form and email it or fax it prior to the Thursday which occurs 10 DAYS before your camping session.

<b>Session Attending:</b>	Troop or Crew Number _____ This unit is a <input type="checkbox"/> boy troop <input type="checkbox"/> girl troop
Sponsor	
City, State, Zip	
Scoutmaster:	
Scoutmaster's Daytime Phone Number:	
Campmaster	
Campmaster's Daytime Phone Number:	
Contact Email Address: (PRINT it clearly)	
Cell Phone Contact Number at Camp:	
Special needs. Describe exactly what you will need for such Scouts. (Attach additional sheet if necessary)	
<small>Please note that electricity will not be available for CPAP machines at night. Any CPAP units must be battery operated. Electricity for recharging batteries during the day will be available.</small>	
Is your troop willing to stay in a campsite that has both boy and girl troops? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Campsite:	
Second Choice Campsite:	
Third Choice Campsite:	
Total number of full time campers who will need tents _____	Number of Scouts camping: _____ Number of male adults camping: _____ Number of female adults camping: _____
Number of part time leaders (not included in the numbers above) _____. Please break down the part time leaders per day in the chart below. (If one leader is replacing another, the two together count as one full time leader.)	

Part-Time Leaders		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	
	Males							
	Females							

Check in will be between 1:00 p.m. and 3:00 p.m. on Sunday of your session.

Please state your expected arrival day and time: \_\_\_\_\_

Email or fax this form prior to the Thursday which occurs ten days before your camp session.

**Email: [campgeigerbsa@gmail.com](mailto:campgeigerbsa@gmail.com) Fax: 816-233-0530**