



# Camp George Thomas Weekend Reservation Form

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Unit Type \_\_\_\_\_ Unit # \_\_\_\_\_ Person in Charge \_\_\_\_\_

Council/District \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Activity \_\_\_\_\_ Day Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Arrival Date & Time \_\_\_\_\_ Depart Date & Time \_\_\_\_\_

Anticipated Participation: Youth \_\_\_\_\_ Adult \_\_\_\_\_ (Give a roster to the Campmasters on arrival)

Participant that is Baloo Trained(Packs must have this to attend camp)\_\_\_\_\_

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Please pick the campsites and/or the Program areas that you would like to reserve.

Campsites		Program Areas	
Apache		BB Range	
Caddo		Central Field	
Cherokee		Chapel	
Chickasaw		Climbing/Traverse Wall	
Choctaw		Craft Pavilion	
Creek		East Council Ring	
Delaware		Peter Clinton-Moore West Council Ring	
Kiowa		Swimming Pool	
Pawnee		Wootten Field	
Wichita			
Arapaho			

ALL CAMP RESERVATIONS MUST BE MADE AT LEAST 2 WEEKS PRIOR TO THE ARRIVAL DATE.

**A Scout is Courteous:** Please call the Scout Office if the event is cancelled.  
Scout Office (405) 840-1114

Please send completed forms to [last.frontiercouncil@scouting.org](mailto:last.frontiercouncil@scouting.org)

See fees on the reverse side of this form

Office Approval _____	Date _____			
Posted to Tentaroo _____	Scanned _____	Certification Attached	Yes	No
Confirmation Given (Check One): Faxed (date _____) Mailed (date _____) Handed to Customer (date _____)				
(Camp reservation confirmation is a signed copy of this form.)				
Total amt. due _____	Paid _____			