

KERR SCOUT RANCH at SLIPPERY FALLS

2019 MAVERICK RESERVATION FORM

Council: _____ Unit Type: Troop Team Crew

Unit Number: _____ Camp Session: 1 2 3 4 5 6

Maverick Camper Information Dates: _____

First Name: _____

Last Name: _____

Rank: _____

Birthday: _____

Parent Information First Name: _____

Last Name: _____

Mailing address:

City: _____ State: _____

ZIP: _____

Telephone 1: _____ Type: Home Office Mobile Telephone 2:

_____ 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: _____

PROVIDE LETTER OF REFERENCE FROM PARENT OR ADULT LEADER.