

**2022 Camp M.K. Brown Scouts BSA Summer Camp Reservation Form**

For placing Scouts BSA resident camp reservation.  
Use one form per reservation. Fill in all the information.  
Please return to: 401 Tascosa Rd. Amarillo, Texas 79124

**Reservation Basics:**

Session Dates: **Submit this form and deposit by Dec 1, 2021 and receive a \$10.00 per Scout discount off regular fee!**  
#1: June 19-25  
#2: June 26- July 2

**NOTE- Session #2 is CANCELLED effective Feb 25.**

**Unit Basics:**

Council: \_\_\_\_\_

District: \_\_\_\_\_

Troop #: \_\_\_\_\_

**Primary Contact Person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State.Zip: \_\_\_\_\_

Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary Contact Person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State.Zip: \_\_\_\_\_

Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

Email: \_\_\_\_\_

**Camping Preferences:**

The Camp Director will consider unit preference for campsites (in date of reservation order, along with other factors).

**Preference are not guarantees of site assignment**, please indicate your preference if any:

First Campsite Preference: \_\_\_\_\_ Second Campsite Preference: \_\_\_\_\_

Site Sharing: To share a campsite with another unit, please note the other unit number here: \_\_\_\_\_

**Authorization:** I am authorized to represent this unit, and to place this reservation on behalf of the unit. We will collect funds from families before making camp fee payments (to protect our own unit treasury) and share cancellation and refund policies with all parents.

**\*\* I have read and understand the refund policy and will share it with all Parents and Unit Leaders: Initial \_\_\_\_\_**

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

**Deposit: \$200.00 can be applied to camp fees. Deposits are non-Refundable**

**Payment Details:**

\_\_\_\_\_ Check Enclosed in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Please bill card number: \_\_\_\_\_ for \$ \_\_\_\_\_

(circle one) Visa/Master Card/ Discover Exp Date: \_\_\_\_\_ CVC #: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Printed Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Office Use:**

Received Date: \_\_\_\_\_

Receipt # \_\_\_\_\_

Project Code: \_\_\_\_\_

Clerk Name: \_\_\_\_\_