

Unit Information for Scouts BSA Resident Summer Camp

Email to tammy.erickson@scouting.org by May 31st

Unit: _____

Council: _____

Camp Week: _____ Campsite: _____

Contact Information for Camp Leader

Name: _____ Email: _____

Address: _____

Phone Numbers – Day: _____ Night: _____

Campers

Number of Scouts Attending Camp: _____

Number of Leaders Attending Camp ALL WEEK: _____

If all your leaders will not be in attendance the entire week, please indicate the number of adults in camp each day.

_____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday

The following people in our troop have special dietary needs: _____

(Note: A "Special Dietary Needs" Form should be filled out in detail for each Scout and submitted two weeks before camp.)

Equipment

Will you have a troop trailer? ☐ Yes ☐ No

Will you be using camp tents? ☐ Yes ☐ No How many? _____

Note: all tents MUST meet or exceed fire-retardant specifications by the manufacturer (CPAI-84) and "no flames in tents" is marked on, or adjacent to, each tent

What other camp equipment do you need? (List quantity)

_____ Mattresses _____ Cots _____ Dining Fly's _____ Picnic Tables _____ Dutch Ovens

Swim Checks

Will your troop be taking swim tests at camp during check in? ☐ Yes ☐ No

If no – swim tests were taken under the supervision of _____.

(Note: This person must have prior approval by a Hawkeye Area Council Aquatics Director)

Special Assistance Needs

Camper: _____

Needs: _____

Camper: _____

Needs: _____

FRIDAY Family Night

Where will you be eating on FRIDAY Family Night? (Check one)

☐ Campsite ☐ Dining Hall ☐ Shelter* (Reserved Space _____)

Number eating in dining hall: _____ Scouts _____ Leaders _____ Visitors

**Shelter reservations are made through the HAC facility rental system on Councilware.*