



Five Rivers Council

2021 Summer Camp Reservation Form



Camp Gorton

- ___ Cub Scout Resident Camp, July 6th – July 9th
- ___ Week 1, July 11th – July 17th
- ___ Week 2, July 18th – July 24th
- ___ Week 3, July 25th – July 31st

Select: PACK TROOP CREW UNIT NUMBER: _____

DISTRICT: _____ COUNCIL: _____

1st SITE CHOICE: _____ 2nd SITE CHOICE: _____

Required - Min. # of Expected Youth: _____ Required - Max. # of Expected Youth: _____
 Required - Min. # of Expected Adults: _____ Required - Max. # of Expected Adults: _____

I UNDERSTAND THE FOLLOWING RESERVATION POLICIES REGARDING FEES AND CANCELLATIONS:

- **A REQUESTED SITE IS NOT GUARANTEED!**
- \$100 deposit is due with submission of Reservation Form.
- For Units that attended camp in 2019, the Unit Reservation Form AND Deposit **MUST BE RECEIVED** no later than by the end of the session they attended of camp of 2019 to reserve a campsite in that session. The camp reserves the right to move units on need from numbers attending or due to disability needs. (A record of files turned in in 2019 is on hand.)
- A cancellation request of the Unit Reservation Deposit must be done in writing to receive a refund or credit.
- The Unit Reservation Deposit is 100% non-refundable if a cancellation request is made fewer than 90 days prior to the Unit's Reserved Week.
- Each unit will receive a free adult leader for every 10 Scouts from their unit who have registered and paid in full for the unit's session of summer camp at Camp Gorton.
- The early bird and full dates & fee's will be available in the 2021 Camping brochure.
- Scouts BSA Campership Forms are due to the Council Service Center by March 1st.
- Cub Scout Camperships are due March 1st.

Printed Unit Leader Name: _____ Position: _____

The Key Unit Leader = Cubmaster, Scoutmaster or Crew Advisor

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Work / Mobile Phone: _____

E-Mail Address: _____

Camp Gorton will again be using an online Merit Badge Registration system in 2019. Please include the contact information for the person for your Unit who should receive the information to log into that site.

Merit Badge Contact Name: _____ Position: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Work / Mobile Phone: _____

E-Mail Address: (PLEASE PRINT CLEARLY) _____

MC VISA AMX Account #: _____ CSV: _____
 Name on Card: _____ Expiration Date: _____

RETURN THIS FORM WITH PAYMENT TO:

Five Rivers Council, B.S.A., Campsite Reservations, 244 West Water Street, Elmira, NY 14901
 (Please Retain a Copy for your Records)