Occoneechee Scout Reservation Boy Scouts of America Reservation Form

Today's Date:	Unit Number:	
Sponsoring Organization:		
Address:	City:	Zip:
District Name:		
Camp Requested: Camp Durant Ca	mp Reeves Camp Campbell	(check one)
Dates Requested: From:	To	
Estimated Time of: Arrival at camp:	Departure from camp:	
Number of Youth expected: Num	nber of Adults expected: (min. of 2	2)
Unit leader in charge of activities:		
Address:	City:	Zip:
Phone: (h) (w) Sig	gnature	
Alternate leader in charge of activities:		
Address:	City:	Zip:
Phone: (h) (w) Sig	gnature	
Do you intend to: Swim[] Boat[] I	Fish [] (Check all that a	pply)
Special Requests: Buildings/Shelter Ho	ouses/Ranges (list)	
Campsite: (s) Water y (y/n	ı)	
Shower House:	Fields:	
Equipment:		
Program: Activities:		
Projects: Fees:		

Note: Form MUST be filled out completely 14 days prior to activity. **Please print.** All reservations are first come, first serve. Ranger will confirm 7 days in advance of your reservation. **One leader MUST check in and out with Ranger or Campmaster upon arrival and departure.** Don't forget to obtain a Tour Permit from the Council Office.