

## Pre-Camp Meeting Form

*Complete this form and bring to your Pre-Camp planning meeting. You may email or fax the form prior to the Pre-Camp meeting if necessary.*

### Unit Information:

Session:

Unit Number:

Sponsor:

City:

Scoutmaster:

Day Time Phone:

Campmaster:

Day Time Phone:

Contact Email Address:

Cell Phone Contact No. at Camp:

**Any Scouts with special needs? Please specify exactly what you need for such Scouts.**

Preferred Campsite:

Second choice of Campsite:

Third choice of Campsite:

Provide the number of full time campers you are bringing that will need tents.

Number of Scouts Camping

Number of Male Adults Camping

Number of Female Adults Camping

Number of Part Time Leaders: Not included in the above numbers. If one leader is replacing another the two together count as one full time leader.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Males						
Females						

If it is impossible for a representative of your unit to attend the meeting due distance or other circumstances email or fax this form prior to the day of your pre-camp meeting. Email to [atchisonscouter@msn.com](mailto:atchisonscouter@msn.com) or fax to (816) 364-5967.