

2026 SCOUTS BSA SUMMER RESIDENT CAMP

TROOP: Boys	COUNCIL:			DATE:		
# Girls	(not District) _					
WEEK (check one):	#1/June 28-Jul	y 4#	2/July 5-11	_#3/July 12-18	#4/.	July 19-25
Troop Representative Name: Contact name of unit leade	er responsible for all Su	ummer Camp ac	tivities for your unit.	Best Phone #		
Email Address:				Alternate Phone #		
Please print clearly.						
Mailing Address:						
City / State / Zin.						
City / State / Zip:					Y	
Camp Fees within 2 Weel	ks of Troop Arriv	val at Camp	Session*			
Camper Type:	Per Person Fee.	: Quantity:	Subtotal:		KIRA	
Scout Youth	\$800					
Adult Leader	\$350					
Saturday Early Arrival	\$15					
Visitor Overnight with meals	\$75					
Visitor Meals each/daily	\$12/\$30				CAMIP `	
Subtotal amount being charged:			MAIRI	IN SITER	IRA	
* Do not mail payments within 2-wee	eks of your camp sessi	ion; please pay t	hese rates on arrival.			
A	Camp	site Inciden	tal Loss or Dama	ge Charges		
	ourip.					
			scription:	Per Item Fee:	Quantity:	Subtotal:
		Lost Bear Box Key		\$10		
	E	·	or Firepit Tool	\$20		
		New Hole in Tent		\$20		
			ar in Tent	\$40		
	Bro	ken Ridge or	Upright Tent Pole	\$50		

	Campsite Incidental Loss or Damage Charges				
	Item Description:	Per Item Fee:	Quantity:		
	Lost Bear Box Key	\$10			
	Broken Camp or Firepit Tool	\$20			
	New Hole in Tent	\$20			
	New Tear in Tent	\$40			
	Broken Ridge or Upright Tent Pole	\$50			
	Broken Adult Leader Cot	\$60			
	Dutch Oven returned uncleaned/broken	\$10/\$60			
SCOUTS	Subtotal amount being charged:				
BSA					

PAYMENT METHOD:						
Troop check # end	c losed (payable to <i><u>Marin Council, BSA</u></i>)				
Charge payment amount to VISA / MC / AMEX #						
Expiry Date /	Security Code (on back	x) Billing Zip Code				
Name on card	Signature					

Grand Total being paid for above charges: