

## 2010 TEN MILE RIVER SCOUT CAMPS FAMILY CAMP RESERVATION FORM



**KEY CONTACT: (Please complete all lines)**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**ALTERNATE CONTACT:**

Name \_\_\_\_\_

Daytime \_\_\_\_\_ Evening Phone \_\_\_\_\_

**CABIN PREFERENCE:**      1<sup>ST</sup> \_\_\_\_\_      2<sup>ND</sup> \_\_\_\_\_      3<sup>RD</sup> \_\_\_\_\_

**We want to attend Family Camp Week(s)**

<input type="checkbox"/> Week 0 – July 4 - 11	<input type="checkbox"/> Week 1 – July 11 - 18	<input type="checkbox"/> Week 2 – July 18 – 25
<input type="checkbox"/> Week 3 – July 25 – August 1	<input type="checkbox"/> Week 4 – August 1 – 8	<input type="checkbox"/> Week 5 – August 8 - 15
<input type="checkbox"/> Week 6 – August 15 – 22	<input type="checkbox"/> Week 7 – August 22 – 29	

**FEES & PAYMENT OPTIONS:**

**To reserve your place at Family Camp, please enclose a \$100.00 non-refundable deposit per cabin/per week.**

Cash     Check     Money Order     Visa     MasterCard     American Express     Discover     Credit '08

**Credit Card Payments: (Complete the following):**

Card Holder Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**Office Use Only**

Date Rec'd: \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Entered by \_\_\_\_\_

Acct.#: 1-6701-701-21



1. Weekly Check-in at Family Camp begins on Sunday at 2 PM. Check-out time is 10 AM Sunday.
2. Cabin reservation (initial \$100.00 Deposit) is non-refundable and non-transferable, but will be applied to your total camp fees.
3. All adults and children attending Ten Mile River's Family Camp must bring an official completed medical form signed and stamped by their physicians. Medical Forms must have all requested information filled in. All medical examinations and the completion of this required medical must be within the past 12 months.
4. To accommodate everyone, reservations are on a first-come, first-served basis with completed applications and fees. Changes must be submitted with a written confirmation.
5. If you do not hear from Camping Services within two weeks of making a reservation, please contact us at (201) 297-7453 to confirm your reservation has been received and approved. You may also E-mail: [mgrant@bsa-gnyc.org](mailto:mgrant@bsa-gnyc.org).
6. It is highly recommended that you make photocopies of this form as well as any other applications and receipts of payments for your own records.
7. If anytime you have questions or concerns about your Family camp reservation(s), please do not hesitate to call Camping Services at (201) 297-7453.

**Return all reservation forms to:  
Camping Services, Greater New York Councils, BSA  
Alpine Scout Camp  
P.O. Box 377  
Alpine, NJ 07620  
Fax: 201-784-1663**

**Visit: [www.tenmileriver.org](http://www.tenmileriver.org) for more information**