CAMP HO NON WAH

Campsite Deposit

Received On _____

Received By _____

(Accepted at and following the Program Preview Conference – July 26)

1. Fill in all unit information blanks below.
2. Send this completed form with your payment to the Coastal Carolina Council Office
3. The receipt of your payment will be on file at the Scout Service Center.

Unit Type/No. Pack _____ Troop _____ Venture _____ Provisional _____

Contact Information:

Name _____ Position _____

Address _____ District/Council _____

City _____ State _____ Zip _____

Home Phone _____ Work/Day Phone _____ Cell Phone _____

Email _____ Fax Number _____

Our Unit First Choice of Campsite is _____

We plan to come to HNW:

_____	Boy Scout – Week 1	June 10-16
_____	Boy Scout – Week 2	June 17-23
_____	Boy Scout – Week 3	June 24-30
_____	Boy Scout – Week 4	July 8-14
_____	Cub Scout Resident Camp	July 1-4
_____	Webelos Adventure Camp	July 1-4

At this point in time, we *estimate* that we will bring Scouts _____ Leaders _____

(I understand that my unit is not bound by these numbers. These are only estimates.)

_____ _____

Scoutmaster Signature **Date**

Fee Calculation:

Campsite Deposit - $100	$	100.00
Check Number Total Payment	**$**	**100.00**

Coastal Carolina Council, 1025 Sam Rittenberg Boulevard, Charleston, SC 29407
Phone: 843-763-0305 or 1-800-680-3899 www.coastalcarolinabsa.org and www.camphnw.com