

DRIPPING SPRINGS WEEKEND RESERVATION FORM

Unit _____ District _____

Name of Activity _____

Tour Permit Filed Yes No Date Reservation Submitted _____

Date Posted _____ Reservation Submitted By _____

Activity Dates: Arrive _____ Time _____

Depart _____ Time _____

Person In Charge _____ Home Phone _____

Daytime Phone _____

Fax Number _____

Anticipated Participation: Youth _____ Adults _____ Visitors _____

(Provide Roster of All Participants at Camp Check-in)

CAMPSITES

(State Preference 1, 2, 3)

West Campsite 1 _____ West Campsite 2 _____ West Campsite 3 _____

East Campsite 1 _____ East Campsite 2 _____ East Campsite 3 _____

Primitive Campsite _____ Primitive Campsite _____ Primitive Campsite _____

PROGRAM AREAS

Council Ring _____ Chapel _____

OTHER FACILITIES AVAILABLE

FACILITIES

J.C. Meeks Pavilion _____

Roark Training Center _____

CERTIFICATION AND OFFICE APPROVAL REQUIRED

Cub BB Range _____

Cub Archery Range _____

Webelo BB Range _____

Webelo Archery Range _____

Equipment Needs _____

Program Help _____

Approval _____ Date _____

Scout Executive or Designee

A SCOUT IS COURTEOUS: Please call the Scout Office or Camp Caretaker if Event is Cancelled.
 Scout Office (405) 840-1114 Camp Caretaker – (580) 323-1214; Nights Before 9:00 p.m. (580) 323-4606