

SLIPPERY FALLS 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 Campmaster Check-in)

CAMPSITES

(State Preference 1, 2, 3)

WF Connected _____ Rafter B _____ Dog Iron _____

Shield Lightening _____ Walking 7 _____ Lazy S _____

Okay _____ Spade _____ Dollar Sign _____

Broken Wagonwheel _____ Rocking R _____ Arrow C _____

HJ Connected _____ Charlie Brown _____ Four E _____

Nichols Don _____ Diamond E _____ Arrowhead _____

PROGRAM AREAS

Volleyball Court _____ Chapel _____ Horseshoe Pits _____ Climbing Wall _____ Council Ring _____

OTHER FACILITIES AVAILABLE

PAVILIONS

Brownsea _____

Handicraft _____

NOT AVAILABLE TO UNITS

Dining Hall _____

Food Service _____

Trading Post _____

Program Office _____

Health Lodge _____

Commissary Barn _____

CERTIFICATION AND OFFICE

APPROVAL REQUIRED

Aquatics Area _____

The Falls _____

Rifle Range _____

Archery Range _____

Climbing Tower _____

Cope Course _____

(Director REQUIRED)

Equipment Needs _____

Program Help _____

Approval _____ Date _____

Scout Executive or Designee

A SCOUT IS COURTEOUS: Please call the Scout Office or Camp Ranger if Event is Cancelled.

Scout Office (405) 840-1114 Camp Ranger (580) 371-2732