CAMP SASAKWA 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 _____

CAMPSITES

PRIMITIVE – LOW IMPACT CAMPING ONLY
PACK IT IN --- PACK IT OUT

NO POTABLE WATER
YOU MUST BRING YOUR OWN

MUST HAVE GATE CODE FROM THE SCOUT OFFICE TO ACCESS THE CAMP

Approval _____ Date _____
Scout Executive or Designee

A SCOUT IS COURTEOUS: Please call the Scout Office if Event is Cancelled.
Scout Office (405) 840-1114