2013 Camp Oljato
Boy Scout Resident Camp
-Reservation Form-

Unit Type: ☐Troop ☐Team ☐Crew Unit#: _____ Council: _____

Today's Date: _____

Week Requested: ☐ Session 1—6/23-6/29 ☐ Session 2—6/30-7/6 ☐ Session 3—7/7-7/13 ☐ Session 4—7/14-7/20 ☐ Session 5—7/21-7/27 ☐ Session 6—7/28-8/3

Campsite Requested—Please mark 1st, 2nd and 3rd choices (number in parenthesis indicates 2 man tents not capacity.)

__ Arapaho (7)
__ Blackfoot (13)
__ Cheyenne (18)
__ Chippewa (6)
__ Commanche (14)
__ Hopi (11)
__ Iroquois (11)
__ Navajo (27)
__ Pawnee (32)
__ Shoshone (10)
__ Sioux (11)

To reserve your spot, you must pay a $150, non-refundable deposit for one week and $300 for two weeks. Sites without deposits may be given away to other units on a first come first served basis

Camp Leader's Name: _____ Day Phone: (___)_____

Street Address: _____ email:_____

City, State, Zip: _____

Number of youth campers anticipated: _____ adults anticipated: _____

Please print clearly as this information will be used for all communication with your unit

Fee Schedule:
In council youth—$370/wk
Out of council youth—$380/wk
Adults—$165 / wk in council, $175 / wk out of council

Your anticipated fees: **$_____youth**
$_____adult
$_____total

note: The 1st two adult leaders are free if total fees are paid in full by 4/1/2013

Payment Schedule:
$150 / week unit deposit due immediately
$50 / youth payment due by 3/1/2013
$100 / youth payment due by 4/1/2013
Balance due by 5/1/2013

Note: Failure to make any of these payment deadlines may jeopardize your reservation at Camp Oljato.

REFUND POLICY
Fee is transferable to another Scout added to your roster but is non-refundable. Additional campers may be added to reservation upon approval of council if space is available. With a written request, full refunds may be given for payments made toward camp, up to one month prior to the event. After that, refunds are not given except in the case of a valid documented medical emergency. The participant count verified June 1 will be used for the unit balance and invoiced amount due.

Questions? Call: 650-341-5633 * Please Return to: 1150 Chess Drive, Foster City, CA 94404

—For office use only—

Date Received: _____ Received by: _____ Assigned to: _____