

2007 CAMPSITE REQUEST

MT. BAYOU LAKE SCOUT CAMP

Unit # _____ District _____

Council _____ Council # _____

Week One – June 10-16

Week Two – June 17-23

Unit Leader _____ Home # _____

Address _____ Work # _____

City _____ State _____ Zip _____

E-mail address _____

Estimated # of youth _____

Estimated # of adults _____

Will your troop be bringing a trailer into the camp? YES NO

CAMPSITE REQUEST:

First Choice _____

Second Choice _____

Third Choice _____

Please submit this request with a \$100 Campsite Reservation Fee by April 20, 2007 to:

Evangeline Area Council
Attn: Summer Camp
P.O. Box 80115
Lafayette, LA 70598
Phone (337) 235-8551
FAX (337) 235-8556

For Scout Service Center Use:

Date Received: _____

Time Received: _____

Received By: _____