



Meal Request Form

Date of reservations: _____ Dining with Unit #: _____

Name: _____

Address: _____

Telephone (home) _____ (business) _____

Email: _____

Please circle one: MMSR Guest Family Camp Guest

Number of Breakfast Meal Tickets x \$6.00: \$ _____

For Date(s) _____

Number of Lunch Meal Tickets x \$6.00: \$ _____

For Date(s) _____

Number of Dinner Meal Tickets x \$8.00: \$ _____

For Date(s) _____

Grand Total \$ _____

Method of Payment

Please circle one: Check VISA AMEX MC Discover

Account Number: _____

Expiration Date: _____

Security Code: _____
(3 digits located on the back of your cc)

Please return this form with payment to:

Medicine Mountain Scout Ranch
c/o Black Hills Area Council, BSA
144 North Street, Rapid City, SD 57701

Phone (605) 342-2824 Fax (605) 342-2826