

LARRY COZINE YEAR-ROUND FAMILY CAMP RESERVATION REQUEST FORM

Date reservation was made: _____ Unit # (if applicable) _____

Registration Name: _____

Address: _____

Phone: _____ Email: _____

Arrival Date: ____/____/____ Departure Date: ____/____/____

***Please include the month, day and year*

RV SITE(S) Reserved: _____ \$25.00 per site (per night)

TENT SITE: Number attending: _____ @ \$5.00 per person (per night)

***** Deposit required is one night's stay which is non-refundable.**

DEPOSIT DUE: \$ _____ Date Received: _____

Check # _____

Credit Card: Visa MasterCard Discover American Express

Card #: _____ Expiration: _____ Code: _____

REMARKS/SPECIAL REQUESTS:

Please mail payments to the address below Attention: Family Camp

Black Hills Area Council, Boy Scouts of America
144 North Street Rapid City, SD 57701
605.342.2824
www.blackhillsareacouncil.com