



## Summer Camp 2009 Reservation Form

To hold your Unit's reservation please complete this form and send \$200.00 per camp site to:  
 Mt. Diablo Silverado Council  
 800 Ellinwood Way, Pleasant Hill, CA 94523.  
 (925) 674-6100

**(THIS MONEY IS NON-REFUNDABLE OR TRANSFERABLE)**

Week 1	June 21 – June 27
Week 2	June 28 – July 4
Week 3	July 5 – July 11
Week 4	July 12 – July 18
Week 5	July 19 – July 25
Week 6	July 26 – August 1
Week 7	August 2 – August 8
L D S Week	Monday-Saturday

Select the week(s), name of camp site(s) you want to reserve.

Which week(s): \_\_\_\_\_

1<sup>st</sup> Campsite requested: \_\_\_\_\_

2<sup>nd</sup> Campsite requested: \_\_\_\_\_

\$200.00 x \_\_\_\_\_ = \_\_\_\_\_

**Please check a box below**

- Do not send me info on camp.
- Please mail the Camp Wolfeboro Guide to the name listed below.

Unit Leaders Name : \_\_\_\_\_

Unit # \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

H: ( ) \_\_\_\_\_ - \_\_\_\_\_ B: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Camp Coordinator's Name : \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

H: ( ) \_\_\_\_\_ - \_\_\_\_\_ B: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_