

Reservation Form

Camp Buffalo Bill • Yellowstone High Adventure Base

Home Council: _____ Troop Number: _____

Campsite: First Choice _____ Second Choice: _____

1

Indicate the week you plan to attend camp by indicating first (1) choice and second (2) choice

Week 1 June 20 – June 26	Week 2 June 27 – July 3	Week 3 July 11 – July 17	Week 4 July 18 – July 24	Week 5 July 25 – July 31	Check when you will you arrive
					<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <small>Monday arrival must be by 10 am</small>

2

Number of people attending camp (non-refundable reservation fee)

Camp Buffalo Bill Adults ____ + Youth ____ = ____ @ \$50 = ____

Fly Fishing Adults ____ + Youth ____ = ____ @ \$50 = ____

High Adventure Adults ____ + Youth ____ = ____ @ \$50 = ____

We accept VISA, MasterCard, and Discover

Total Reservation Fee Due \$ _____

3

Unit Point of Contact

Name: _____ Day Phone () _____ - _____

Email: _____ Fax () _____ - _____

Address: _____ City _____ State _____ ZIP _____

4

Scoutmaster (if different than above)

Name: _____ Day Phone () _____ - _____

Email: _____ Fax () _____ - _____

Address: _____ City _____ State _____ ZIP _____

5

I have read and understand the information contained within the Camp Buffalo Bill Leaders guide. I will ensure my unit complies with the information set forth there in.

Signature of Unit Representative

Date

All correspondence with Central Wyoming Council should include your troop number, camp dates, city, state and point of contact. Reservations are not confirmed until this form and non-refundable deposit are received.

Return this form and your total reservation fee (Box 2) to:

Central Wyoming Council
PO Box 1506
Casper, Wyoming 82602
307-234-7329