Camp Buffalo Bill
Yellowstone High Adventure Outpost
Reservation Form

CENTRAL WYOMING COUNCIL

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	Week 2	Week 4	Week 5	Week 6	Arrival
June 19 – June 25	June 26 – July 2	July 10 – July 16 (No Whitewater)	July 17 – July 23 (No Whitewater)	July 24 – July 30 (No Whitewater)	☐ Saturday ☐ Sunday ☐ Monday Monday arrival must be by 8:30am

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 _____ = _____ @ $50/75 = _____

(# Adult/Youth) Climbing____/____, Whitewater____/____, Backpacking_____/_____

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 _____

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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