

Silicon Valley Monterey Bay Council Year Round Camping Reservation Form

Group Name /Type/ Unit#: _____ Date of Registration: ____/____/____

District: _____ Council: _____

Event Name or Brief Description: _____

Camp Site Requested: _____ Other Facilities Requested: See Page Two

of Scouts: Male _____ Female _____
of Adults: Male _____ Female _____
Non-Scout Youth: Male _____ Female _____
Non-Scout Adults: Male _____ Female _____

Arrive: _____
Day Date Time
Depart: _____
Day Date Time
Total # of Nights: _____

Adult Leader in Camp:

Name: _____ **Position:** _____

Address: _____ **City, State** _____

Zip Code: _____ **Fax:** _____

Primary Phone: _____ **Secondary Phone:** _____

E-Mail: _____

Reservation Contact Person:

Name: _____ **Position:** _____

Address: _____ **City, State** _____

Zip Code: _____ **Fax:** _____

Primary Phone: _____ **Secondary Phone:** _____

E-Mail: _____

MAIL check with form to BSA, Silicon Valley Monterey Bay Council, 970 W. Julian St, San Jose CA 95126

Please make check payable to "SVMBC, BSA" and write "Camping Reservation" in memo

FAX ONLY credit card information to: 408-280-5162

Amount to be billed: \$ _____ Credit Card #: _____ Expiration Date: _____

Billing Address _____ Billing Zip Code _____ CCV _____

All reservations must be made **at least 2 weeks in advance; programs require 3-4 week advance notice and are subject to staff & facility availability.** The fees must be paid when making your reservations or a minimum deposit of 50% of expected use fees. The balance is due at least two weeks prior to trip (current fees listed below). Regardless of the actual final number of participants, the unit is responsible for at least 80% of the reservation. If your trip is canceled, **written notice of your cancellation** must be received **at least two weeks prior to the camping reservation date** and all refunds are **subject to a 15% cancellation fee**. No refunds are given for "no-shows." All events are rain or shine no transfer or refunds are given due to weather. **ALL FEES ARE ON PAGE 2.**

Received in Office on: _____ Date reviewed: _____

Reservation: Approved Denied Approval Conditions: _____

Return this form to Camping@svmbc.org or 970 W Julian Street, San Jose, CA 95126 or Fax: 408-280-5162

Camping Fees \$ _____ Facilities Fees \$ _____ Program Fees \$ _____ = Due \$ _____ Less Deposit of \$ _____ + Cleaning Deposit _____ = Balance Due \$ _____
