National Capital Area Council
9190 Rockville Pike
Bethesda, MD 20814-3897

Boy Scouts of America
301-214-9197
Fax: (301) 564-9513

Transmittal #_____ Transmittal Date _____

2012 Goshen Bed Reservation Request

Unit _____ District _____ Camp _____ Start Date _____

The following **ADULTS** are registering with our unit for Goshen this summer:

	Adults' Names (Please Print)	Free?	Sex (M/F)	Dates in attendance Sa Su M T W Th F	$50 Hat deposit previously paid Y or N	Amount Paid
1.	_____	( )	_____		_____	$_____
2.	_____	( )	_____		_____	$_____
3.	_____	( )	_____		_____	$_____
4.	_____	( )	_____		_____	$_____
5.	_____	( )	_____		_____	$_____

#_____Total paid youth with this transmittal $_____

#_____Total paid adults with this transmittal $_____

#_____Total free adults with this transmittal (*maximum 2 per unit) $___0_____

#_____ Bus Seats @ $40.00 each $_____

TOTAL AMOUNT ENCLOSED $_____

*Leaders of Lenhok'sin High Adventure Crews must pay for all leaders. All other camps receive two free leaders with 8 youth in attendance at camp.
Questions: Call Margee Egan at 301-214-9197 or email: margee.egan@scouting.org

Due to limited availability, reservations must be made with full payment in order to hold the spaces your unit requests. Deposits will not hold spaces for leaders or campers.

Make checks payable to NCAC, BSA.

Credit Card Information: _____Amer Ex _____Discover _____Visa _____Master Card

Number_____Expiration_____ Verification code_____ Name on Card (Print)_____

Youth Roster

Youth Names	Did you make a $50 hat deposit for this youth? Y or N	Amount Paid on this transmittal for this youth
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$
7.		$
8.		$
9.		$
10.		$
11.		$
12.		$
13.		$
14.		$
15.		$

Youth Paid Total $_____

Please complete the payment information on page 1 and attach your payment. Thank you!