

Troop 873 – Summer Camp 2016
July 9-15, 2017 – Camp Hidden Valley

<http://newbirthoffreedom.org/camping-2/hidden-valley-scout-reservation/summer-camp-at-hv/>

Time to start getting ready for another great year of summer camp! This year we are travelling back to Pennsylvania to Hidden Valley Scout Reservation in Loysville. Camp Hidden Valley has been open since 1927. Their 830+ acre reservation is equipped with all the necessary resources to ensure the camping experience of a lifetime, including Sherman's Creek, which provides excellent opportunities for fishing and boating throughout the Reservation. The camp is located 110 miles from Baltimore. Scoutmaster, Thomas Rivard-Willis, is the Summer Camp Coordinator. Please contact him at 443.900.4084 or tmjrw1968@gmail.com if you have any questions or concerns.

FEES: Includes transportation, camp fees, troop t-shirt, camp meals and cracker-barrels. Fees do not include scout's spending money. Additionally a few of the special program activities require a small additional fee. These fees will be shared with the Scouts and Parents as they are published.

Unfortunately I do not have them at this time.

Youth Camp Fees - \$400.00 - if paid in full by April 13th, 2017

Youth Camp Fees - \$425.00 - if paid in full by June 1st, 2017

Youth Camp Fees - \$475.00 - If paid in full by July 9th, 2017

FEE SCHEDULE:

January 12th, 2017 - \$25.00

March 9st, 2017 - \$125.00

February 9th, 2017 - \$125.00

April 13th, 2017 - \$125.00

Cancellation Policy:

If a Scout is unable to attend summer camp and cancels his reservation by March 31, 2017 he is entitled to a refund of fees paid to date. If a Scout cancels his reservation after April 1, 2017, \$60 registration fee is NON REFUNDABLE.

ALL PARTICIPANTS MUST HAVE A FULLY COMPLETED [BSA Annual Health and Medical Record](#) SIGNED BY A PHYSICIAN. The Health and Medical Record form must be turned into the troop by June 15th, 2017.

Return Bottom Portion of this form to the troop no later than December 8th, 2016.

Scout's

Name: _____

- I fully understand the refund policy as listed above.
 - _____(Parent or Guardian Initials)
- I fully understand a completed BSA Health and Medical Record is required for all participants.
 - _____(Parent or Guardian Initials)

Parent's / Guardian's Name

(Printed): _____

Parent's / Guardian's

Email: _____

Scouts

Email: _____

Parent's / Guardian's Home Phone: _____ Cell

Phone: _____

Parent's / Guardian's

Signature: _____ Date: _____