

Western Los Angeles County Council, B.S.A.
 16525 Sherman Way, Unit C-8, Van Nuys, CA 91406
 Council Headquarters: 818/785-8700
 Camping Department: 818/933-0130
 EmeraldBay@bsa-la.org



EMERALD BAY SCOUT CAMP 2008 APPLICATION FORM

Please circle one.

TROOP / TEAM / CREW #: _____ **COUNCIL:** _____ **DISTRICT:** _____

Is your troop sponsored by the LDS church: YES / NO If yes, what is the ward name: _____

Did you attend a WLACC camp in 2007: YES / NO If yes, what was the reservation #: _____

Primary Contact - Direct all billing and information to: (Please print all information legibly)

NAME: _____ **POSITION:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **E-MAIL:** _____

NIGHT PHONE: () _____ **DAY PHONE:** () _____ **CELL:** () _____

Secondary Contact - A second contact person is mandatory for all reservations (reservations will not be processed with out this information). MUST BE AT A DIFFERENT ADDRESS from ABOVE: (Please print all information legibly)

NAME: _____ **POSITION:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **E-MAIL:** _____

NIGHT PHONE: () _____ **DAY PHONE:** () _____ **CELL:** () _____

SESSION: 1st choice: # EB _____ **DATES:** ____/____/____ **2nd choice: # EB** _____ **DATES:** ____/____/____
3rd choice: # EB _____ **DATES:** ____/____/____ **4th choice: # EB** _____ **DATES:** ____/____/____

Please enter four choices as Emerald Bay fills up very quickly. The first weeks to fill up are EB 6, 7, 8 & 9. A confirmation letter will advise of the week you have been assigned. If none of your requested weeks are available you will be contacted and given alternate dates. If alternate dates are not acceptable your deposit will be refunded.

Please hold space for **Scouts** **Please hold space for** **Adults**

The number that you list here is the number we will use for billing purposes until advised otherwise. There is a limit to the number that can be accommodated in camp. Extra spaces over and above your numbers can be requested in writing on first come first served basis. January installment fee is required for the number stated. Between January and March is when most troops increase their numbers. However, extras may only be added if space is available. Please keep us fully informed of number changes (additions & reductions) you would like to make.

The 2008 Application Form is for your unit only. Please do not incorporate other troops into your reservation later.

A \$300 deposit must accompany this form. Please write the following account number on your check: **1-6701-112-21**

Specific sites may not be reserved. Sites will be allocated during the summer based on your final numbers (paid for) at that time. Your preference of site will be taken into account. Smaller troops may be required to share a large site. Larger troops may be allocated to more than one site. Site names and sizes are listed in the Brochure.

CAMPSITE PREFERENCE: 1st site Name: _____ **2nd site Name:** _____

UNIT ACCIDENT AND SICKNESS INSURANCE IS REQUIRED FOR ATTENDANCE AT CAMP. This insurance is secondary to the individual's family medical insurance. Avalon Hospital requires that all campers have a copy of the front and back side of their medical I.D. card showing insurance coverage. In the event that a Scout's family has no medical insurance, the troop insurance becomes primary. In this case, a copy of the unit insurance must be brought to camp and will need to be presented at Avalon Hospital for the Scout to receive medical attention. PLEASE COMPLETE INSURANCE INFORMATION:

Is the insurance for your troop carried by your council? Please indicate: **YES / NO**

If your council does not carry insurance for your unit please complete your unit policy details here:

COMPANY NAME: _____ **POLICY #:** _____ **EXPIRATION DATE:** ____/____/____.