

FAMILY NIGHT MEAL ORDER FORM

Scoutmaster Name _____ Troop # _____

Scouts BSA Camp Week 1 Scouts BSA Camp Week 2 Scouts BSA Camp Week 3

_____ Total number of meals needed for family night VISITORS

\$10 a meal

_____ Total number of meals needed for family night PARTICIPANTS (both youth and adults)

FREE - included in camp fees

Our Unit is opting OUT of Friday dinner provided by camp

_____ Total number of VISITOR WRISTBANDS needed

(every visitor MUST check-in with your unit and receive a wristband)

Unit Leader Signature _____

**Please turn this form in at
the 10-day-out meeting!**

Questions? Please contact:

CHTBleadership@tecumsehscouting.org



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For Camp Staff Use Only

Campsite _____ Troop # _____

Total Meals _____ Total Wristbands _____

Total Owed \$ _____ Total Paid \$ _____ Cash Check Credit Card