

2015 Pupukea Cub Resident Camp Reservation Form

PACK NUMBER _____

COUNCIL _____

SCOUTS ATTENDING _____

ADULTS ATTENDING _____

Campsite Selection: Please select a campsite and indicate your 1st, 2nd and 3rd choice based on the specified maximum camper capacity (indicated in the parentheses below) per site. Efforts will be made to place units in their preferred choices but Camp Pupukea reserves the right to assign more than one unit per campsite or move a unit based on capacity

PACK CAMPSITES with PLATFORM SITES: Each Platform Site is equipped with enough platform tents for 8 Scouts, patrol dining fly, picnic table and a fire barrel with stand and grill. Packs selecting Platform sites may bring their own tents and camping equipment, but still may not exceed campsite capacity. Camp equipment is only available to off-island units. Cots are for Adults only

<u>Campsite</u>	<u>1, 2, or 3</u>		<u># of Campers</u>	<u>Patrol Sites Needed</u>
KILOHANA A	_____	(3 PATROL SITES OR 32 CAMPERS)	_____	_____
KILOHANA B	_____	(3 PATROL SITES OR 30 CAMPERS)	_____	_____
PAINA A	_____	(2 PATROL SITES OR 20 CAMPERS)	_____	_____
PAINA B	_____	(2 PATROL SITES OR 26 CAMPERS)	_____	_____
IMAKA A	_____	(2 PATROL SITES OR 16 CAMPERS)	_____	_____
IMAKA B	_____	(2 PATROL SITES OR 20 CAMPERS)	_____	_____

PRIMITIVE CAMPSITES: Open or Primitive campsites have a picnic table, a firebarrel with stand and grill. (*Packs will need to bring their own tents, camping & cooking equipment*)

<u>Campsite</u>	<u>1, 2, or 3</u>	<u>#Campers</u>	<u>Campsite Choice</u>	<u>1, 2, or 3</u>	<u>#Campers</u>
ALOHA AINA A (20)	_____	_____	PAKI'I B (20)	_____	_____
ALOHA AINA B (20)	_____	_____	MOKU LA'AU A (24)	_____	_____
PAKI'I LUNA A (20)	_____	_____	MOKU LA'AU B (24)	_____	_____
PAKI' I LUNA B (20)	_____	_____	PO'O HUKU A (24)	_____	_____
PAKI'I A (20)	_____	_____			

___ Session 1: March 19 – March 21, 2015 **SESSION REQUESTED** ___ Session 2: March 27 – March 29, 2015

ADULTS: All Units Must Meet Minimum Leadership Requirements Set Forth in the Guide to Safe Scouting

Cub Resident Camp Coordinator

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP: _____
 EMAIL: _____
 DAY PHONE: _____

Payment Schedule

Now!!! Deposit \$100
March 15 50% of total fee
May 15 100% of total fee
 Participants: **Aloha Council \$100**
 Unit: First 2 leaders are FREE!
 Must have 1 leader for every 5 youth.

(FOR OFFICE USE ONLY)

RECEIVED BY: _____ DEPOSIT: \$ _____ CAMPSITE ASSIGNED: _____
 DATE RECEIVED: _____ ACCOUNT NO _____