



**UNIT INFORMATION**

**CAMPING INFORMATION**

UNIT: \_\_\_\_\_

DATE(S): \_\_\_\_\_

DISTRICT: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

COUNCIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

FIRST & LAST NAME	AGE 17-	AGE 18+	BSA MEMBER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES   <input type="checkbox"/> NO

IMPORTANT: FOR INSURANCE PURPOSES, THE TIDEWATER COUNCIL, BSA IS REQUIRED TO HAVE ACCOUNTABILITY FOR ALL PERSONS CAMPING ON THE RESERVATION AS PART OF A FORMAL EVENT OR FOR UNIT LEVEL WEEKEND CAMPING ACTIVITIES. THIS FOR (OR SOMETHING SIMILAR CONTAINING ALL PERTINENT INFORMATION) MUST BE SUBMITTED AT CHECK-IN WITH THE CAMPMASTER/ RANGER. PREFERABLY THIS FORM MAY BE SUBMITTED ELECTRONICALLY IN ADVANCE TO [CAMPMASTER@PIPSICOBSA.COM](mailto:CAMPMASTER@PIPSICOBSA.COM)

PIPSICO SCOUT RESERVATION  
57 PIPSICO ROAD  
SPRING GROVE, VA 23881  
[WWW.PIPSICOBSA.COM](http://WWW.PIPSICOBSA.COM)

COUNCIL OFFICES LOCATED AT:  
1032 HEATHERWOOD DRIVE  
VIRGINIA BEACH, VA 23455  
[WWW.TIDEWATERBSA.COM](http://WWW.TIDEWATERBSA.COM)

