Nights of Camping Award Program Request Form

Mail Form to:

Toloma Lodge
Greater Yosemite Council
4031 Technology Drive
Modesto, CA 95356-9490

Phone: 209-545-6320

Send Order to:

Name: __________________________
Address: _______________________
City: __________________________ State: __________
ZIP: __________________________

Phone: (_____) __________

Unit Number: _______ [ ] Troop, [ ] Team, [ ] Crew, [ ] Pack has completed the requirements for:

[ ] Nights of Camping Patch (Anyone may Purchase)

Nights of Camping Segments Dates: From – To

Camp Segments Dates: From – To

[ ] Camp Mensinger (5 Nights) [ ] 25 Nights Segment
[ ] Camp McConnell (2/3 Nights) [ ] 50 Nights Segment
[ ] Camp Isom (2/3 Nights) [ ] 75 Nights Segment
[ ] Camp Minkalo (2/3 Nights) [ ] 100 Nights Segment

*5 Nights of Camping at BSA Camp must be contiguous. For 125 Nights use 100 Nights & 25 Nights, etc.
*2/3 Nights is 2 Contiguous or Total of 3 Nights.

I, _____________________, certify that the following Scouts and Scouters have Qualified for the above Award(s):

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[ ] Nights of Camping Patch ______ x $10.00 = $________
[ ] Camp Mensinger (5 Nights) ______ x $1.00 = $________
[ ] Camp McConnell (2/3 Nights) ______ x $1.00 = $________
[ ] Camp Isom (2/3 Nights) ______ x $1.00 = $________
[ ] Camp Minkalo (2/3 Nights) ______ x $1.00 = $________
[ ] 25 Nights Segment ______ x $1.00 = $________
[ ] 50 Nights Segment ______ x $1.00 = $________
[ ] 75 Nights Segment ______ x $1.00 = $________
[ ] 100 Nights Segment ______ x $1.00 = $________

Make Checks Payable to: Greater Yosemite Council—BSA
Sub-Total $________
Shipping $________
Tax $________
Shipping & Handling and Tax Total Due $________

Method of payment: [ ] Check [ ] VISA [ ] MasterCard
Check No: __________ Account No: __________ Exp: ___ / ____

Authorizing Signature: ________________________________