Greater Yosemite Council – Toloma Lodge

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, [ ] Post, [ ] Pack (Webelos only) has completed the requirements for:

[ ] Nights of Camping Patch *(Anyone may Purchase)*

Camp Segments	Dates: From – To
[ ] Camp Mensinger (5 Nights)	_____
[ ] Camp McConnell (2 Nights)	_____
[ ] Camp Isom (2 Nights)	_____
[ ] Camp Minkalo (2 Nights)	_____

Nights of Camping at Camps must be contiguous.

Nights of Camping Segments	Dates: From – To
[ ] 25 Nights Segment	_____
[ ] 50 Nights Segment	_____
[ ] 75 Nights Segment	_____
[ ] 100 Nights Segment	_____

For 125 Nights use 100 Nights & 25 Nights, etc.

I, _____, certify that the following Scouts and Scouters have Qualified for the above Award(s):
(Scoutmaster's Name)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[ ] Nights of Camping Patch	_____	x	$10.00	=	$ _____
[ ] Camp Mensinger (5 Nights)	_____	x	$1.00	=	$ _____
[ ] Camp McConnell (2 Nights)	_____	x	$1.00	=	$ _____
[ ] Camp Isom (2 Nights)	_____	x	$1.00	=	$ _____
[ ] Camp Minkalo (2 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
(If paying by check, please call for Shipping & Handling and Tax)

Sub-Total	$ _____
Shipping	$ _____
Tax	$ _____
Total Due	$ _____

Method of payment: [ ] Check [ ] VISA [ ] MasterCard

Check No: _____ Account No: _____ _____ _____ _____ Exp: ___ / ____

Authorizing Signature: _____