

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**



Send Order to:

Name: _____
Address: _____
City: _____ State: _____
ZIP: _____

Phone: 209-545-6320

Phone: (_____) _____

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

- | | | |
|---|---|---|
| <p>[] Nights of Camping Patch <i>(Anyone may Purchase)</i>
 <i>Camp Segments</i> Dates: From – To</p> <p>[] Camp Mensinger (5 Nights) _____</p> <p>[] Camp McConnell (2/3 Nights) _____</p> <p>[] Camp Isom (2/3 Nights) _____</p> <p>[] Camp Minkalo (2/3 Nights) _____</p> | <p><i>Nights of Camping Segments</i></p> <p>[] 25 Nights Segment _____</p> <p>[] 50 Nights Segment _____</p> <p>[] 75 Nights Segment _____</p> <p>[] 100 Nights Segment _____</p> | <p>Dates: From – To</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|---|

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):
(Scoutmaster's Name)

- | | |
|---------------------------------|----------------------------|
| [] 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:	Sub-Total	\$ _____
Greater Yosemite Council—BSA	Shipping	\$ _____
(If paying by check, please call for	Tax	\$ _____
Shipping & Handling and Tax)	Total Due	\$ _____



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

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

Authorizing Signature: _____