

Request for Longhorn Council Campership

Name _____ Age _____

Address _____

City _____ State _____ Zip _____ Phone _____

Troop No. _____ District _____

Camp _____ Dates for Camp _____

Total Value of Campership Request \$ _____

Reason for Campership Request (Be Specific) _____

Description of Unit Fund Raiser and Scout' Participation During Past Year _____

Prior Camping Experience _____

SPONSOR CERTIFICATION:

I certify on behalf of the District Committee that unit funds/projects have been considered and are not available to be provided to the applicant.

Head of Chartered Organization or
Chartered Organization Representative

Chartered Organization Name

Contact Phone

Contact email

UNIT CERTIFICATION:

Troop Committee Chairman or Scoutmaster

Contact Phone

Contact email

DISTRICT CERTIFICATION:

I certify on behalf of the District Committee that unit funds/projects have been considered and are not available to be provided to the applicant.

District Committee Chairman or representative

Contact Phone

Contact email

District Camping Chairman or representative

Contact Phone

Contact email

\$40.00 MUST BE SUBMITTED WITH THIS APPLICATION FOR APPROVAL

Receipt # _____ Date _____ Paid _____