



H.H.C.S.R Mountain Man CAMP SCOUT INFORMATION SHEET

Please fill out the following and send as soon as possible to:
Hawkeye Area Council
660 32nd Ave SW
Cedar Rapids IA 52404

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Scouting Rank: _____ OA:(circle one) Member Non-Member

Date of Birth: _____ Years at Camp: _____

Special Dietary Needs: _____

Medical Alert: _____

Emergency Contact: _____ Phone: _____

Family night:

Number of family members eating at dining hall at Wednesday dinner (including Scout): _____

Home Troop: _____ Home Troop Scoutmaster: _____

Home Troop Scoutmaster Signature _____ Phone: _____