

WEEKEND RESERVATION REQUEST

All cabin(s) or facility must be paid by:

one week before you go so permits can be sent out.

Your cabin(s) or facility MUST be paid before you arrive at camp for the week-end.

Send payment to:
Camping Department
Erie Shores Council
P.O Box 8728
Toledo, OH 43623

ATTENTION: CAMP RESERVATION REQUEST

Date: _____ Unit/Group: _____ would like to reserve at Camp Miakonda.

_____ on _____ Fee _____ # Attending _____
(Cabin/Facility) (dates)

_____ on _____ Fee _____ # Attending _____
(Cabin/Facility) (dates)

_____ on _____ Fee _____ # Attending _____
(Cabin/Facility) (dates)

Please enclose total rental fee with is \$ _____



Leader in Charge: _____

Address: _____

City/State/Zip: _____

Phone: (H) _____

Phone: (B) _____