



CAMP SHENANDOAH

TROOP FACT SHEET

Please complete with your known attendance and return no later than June 1, 2017. Fax to (540) 943-6676 or mail to Camp Shenandoah, c/o Stonewall Jackson Area Council, 801 Hopeman Parkway, Waynesboro, VA 22980.

Unit #: _____ Council: _____

City: _____ State: _____ Week at Camp: _____

1. Number of Scouts registered in your unit: _____
2. Number of Scouts coming to camp: _____
3. Number of Scouts (13 and older) coming to camp: _____
4. Number of adult leaders (18 to 20) coming to camp: _____
5. Number of adult leaders (21 and older) coming to camp: (Male)_____ (Female)_____

6. Number of Scouts planning to participate in: Timber Mountain _____

7. Our troop will have: Continuous Leadership Rotating Leadership

8. Camp Troop Leader: _____ Telephone: _____

Address: _____ City/State: _____ Zip: _____

9. Asst. Troop Leader: _____ Telephone: _____

Address: _____ City/State: _____ Zip: _____

10. Emergency Contact for your unit, someone not attending with the unit:

Name: _____ Telephone: _____

11. Our troop has been coming to Camp Shenandoah:

- Regularly for the past few years.
- Off and on for the past few years.
- Irregularly for the past few years.
- Never Before

12. When we arrive at camp, we will (Check all that apply):

- Arrive in a bus
- Arrive with an equipment trailer
- Need more than four parking spaces for the week

13. Willing to provide transportation for offsite events.

- Yes
- No