



UNIT REGISTRATION FORM

Aviation Explorer Base Camp

Unit #: _____ **Council & City:** _____

Contact Person: _____ **Email** _____

Contact Address/City/Zip: _____

Contact Phone: *(Hm)* _____ *(Wk)* _____

Number of Youth: _____ **Number of Advisors:** _____ **Number of Tents:** _____

Number of RVs or Trailers: _____ **Length of each:** _____

Number of Pop-Ups _____ **Length of each:** _____

Number of Electrical Hookups Requested for RVs or Trailers _____ **For Pop-Ups** _____

If possible for us to accommodate, the day you would prefer KP: _____

| Participants Name | Complete Address | Tee Size | Age at Camp | Date and Time | | Deposit Pd |
|----------------------|------------------|-------------|----------------|---------------|-----------|---------------|
| | | | | Arrival | Departure | |
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(Continue on back, if necessary.)

