

Submission Form for the

Egwa Tawa Dee

Where to Go Camping Guide

Facility Name: _____

Telephone # (Camp): (____) _____ - _____ ext: _____

Telephone # (Office or Other): (____) _____ - _____ ext: _____

Fax #: (____) _____ - _____ ext: _____

Email Address: _____

Website: _____

Address : _____

Briefly describe camping facility:

- | |
|--|
| Check if available at the facility: |
| <input type="checkbox"/> Group Tent Camping |
| <input type="checkbox"/> Activity Field |
| <input type="checkbox"/> Fire Rings |
| <input type="checkbox"/> Pavilions |
| <input type="checkbox"/> Pool |
| <input type="checkbox"/> Lake (swimming) |
| <input type="checkbox"/> Lake (boating) |
| <input type="checkbox"/> Restroom facilities |
| <input type="checkbox"/> Shower facilities |
| <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Climbing |
| <input type="checkbox"/> Backcountry opportunities |
| <input type="checkbox"/> Horseback riding |
| <input type="checkbox"/> Dining facilities |
| <input type="checkbox"/> Trained/Qualified Staff |
| <input type="checkbox"/> Safe Drinking Water |

Information Submitted by:

Your Name: _____

Unit type (Pack, Troop, Team, Crew, Ship, Post) and number: _____

Phone number: _____

Address: _____

Email: _____

Date of Submission: ____/____/20__

<i>Please Send Information to:</i>
<i>Attn: OA WTGC Guide</i>
<i>Atlanta Area Council, BSA</i>
<i>1800 Circle 75 Parkway SE</i>
<i>Atlanta, GA 30339</i>