Submission Form for Information to add to book
Please fill out this form if you have a camp that you would like to see go in this book.

## Egwa Tawa Dee - Where to go Camping

| Facility Name                     | _                                                                                                                                                                                       |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contact Information:              |                                                                                                                                                                                         |
| Camp/Site Number_()               |                                                                                                                                                                                         |
| Website                           | Check if Available a Facility:                                                                                                                                                          |
| Address                           | Activity FieldFire Rings                                                                                                                                                                |
| Briefly describe camping Facility | PavilionPoolLake (Swimming)Lake (Boating)Restroom FacilitiesShower FacilitiesCyclingClimbingBackcountry OpportunitiesHorseback RidingDining FacilitiesDrinking WaterFees for Facilities |
| Information Submitted by:         |                                                                                                                                                                                         |
| Your name:                        |                                                                                                                                                                                         |
| Unit Type and Number:             | Please Send Information to:                                                                                                                                                             |
| Phone Number:                     | Attn: OA WTGC Guide Atlanta Area Council, BSA 1800 Circle 75 Parkway SE                                                                                                                 |
| Address:                          |                                                                                                                                                                                         |
| E-mail:                           | Atlanta, GA 30339                                                                                                                                                                       |
| Date of Submission://20           |                                                                                                                                                                                         |