



Facilities RESERVATION FORM

Name of leader/adult in charge: _____

e-mail address of leader/adult in charge: _____

number for cell phone that will be at camp (if possible): _____

troop number & age level: _____

Service Unit: _____

number of girls: _____

number of adults: _____

date and time of arrival: ____/____/____ at ____:____ am/pm

date and time of departure: ____/____/____ at ____:____ am/pm

area of camp requested: _____

- do you plan to build a fire? _____

Need equipment?

Make an appointment to check out equipment by contacting
Kyra Flummerfelt, kyra@lhvcamp.org

Need a service project? Contact the Camp Manager,
Kristin Suter, kristin@lhvcamp.org

Return to:

Kyra Flummerfelt
2114 Elmwood St.
Lawrence, KS 66046
Phone: 785-331-7030
or e-mail: kyra@lhvcamp.org