

HIDDEN VALLEY 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: _____

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: _____

Need equipment?

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

Return to:

Kyra Flummerfelt
2114 Elmwood St.
Lawrence, KS 66046

785-331-7030 phone

or e-mail: reservations@lawrencehiddenvally.org