



The Salvation Army Black Hills Camp

23095 Thunderhead Falls Road, Rapid City, SD. 57702

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2024 Reservation Form

Group/Family Name: _____

Purpose of Stay: _____

Address of Contact Person: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Number of Adults (18+): _____ Number of Children (0-17): _____ Total Persons: _____

Emergency Contact: _____ Phone: _____

Arrival Date (3 p.m.): _____ Departure Date (11 a.m.): _____

Please Make Your Reservation for "One Day" or "Overnight" use

One Day Use

____ **One Day** (6hrs-no overnight)

____ Pavilion

____ Kitchen

____ Lodge

____ Council Ring

____ **All - "Exclusive Camp Presence"**

Overnight Use

____ # of **Nights** (3pm – 11am)

____ # of **Tents** (no electrical hook-up)

____ # days electric for ____ Tent(s) (as available)

____ # of **Camper/Trailer** Sites (12' x 24' Max)

(Campers 30 & 50 Amp outlets / NO Water or Waste hook ups)

____ # of **Cabins** (7 bunk beds = 14 persons, no bathrooms)

Other Facility Usage – Private Usage

____ # of days use of Pavilion (covered space w/ outlets and fireplace)

____ # of days use of Kitchen (full cooking facility)

____ # of days use of Lodge (cozy indoor space)

____ # of days use of Council Ring (large campfire with log seating)

____ **Complete Camp Site Use / "Exclusive Camp Presence"**

FOR OFFICE USE ONLY

Deposit Due - _____

Total Due - _____

Updated 01/4/2024