

REQUEST FOR COUNCIL CAMP USE

SCOUT UNIT EVENT COUNCIL EVENT OUTS	IDE GROUP EVENT FAMILY EVENT	OFFICE USE ONLY
ARRIVING DATE/TIME:	DEPARTING DATE/TIME:	
NAME OF EVENT:		Received/
REGISTERED SCOUTING UNIT # SCOUTING DISTRICT:		By
GROUP NAME (if not registered):		Faxed / Emailed
EXPECTED ATTENDANCE: CUB SCOUTS BOY SCOUTS	EXPLORERS VENTURERS ADULTS	to camp/
PERSON MAKING REQUEST:	POSITION:	by
VOLUNTEER LEADER IN CHARGE:	PHONE :	
ADDRESS: CITY/S	TATE/ ZIP:	
GATE CODE: DATE REQUEST FORM SUBMIT	TTED TO COUNCIL:	
ARE THERE SPECIAL NEEDS/ACCOMODATIONS TO BE MET F	OR YOUR GROUP?	
CAMP DON HARRINGTONENTIRE CAMP	CAMP MK BROWNENTIRE CAMP	y e p
DINING HALL (TIME)	DINING HALL (TIME)	stion of these items. ested date. I have read and will share the policies gate code (CDH only) to all drivers in my group master prior to entering the gate. We will leave vill contact the Scout Office during the weekday -9617. MKB- 806-420-4434
*KITCHEN (TIME)	*KITCHEN (TIME)	I and will share the to all drivers in my g the gate. We will ffice during the we
PARADE GROUND (TIME)	PARADE GROUND (TIME)	d will sha Il drivers e gate. V e during :
ADMIN TRAINING ROOM (TIME)	LEW BENZ (SUBJECT TO SEASON)	items. have read and v DH only) to all i to entering the le Scout Office o 806-420-4434
MAIN BATHROOMS/SHOWERHOUSE	BATHROOMS (SUBJECT TO SEASON)	items. DH only) o enterin e Scout O
CUB WORLD (TIME)	FISHING AREA (NO SWIMMING)	ation of these items. Lested date. I have reace gate code (CDH only) master prior to enterin will contact the Scout O
TEEPEES,FORT,SHIP,CASTLE	NATURE PAVILION	ation of thess Lested date. I e gate code (master prior will contact th
NATURE PAVILION	NATURE TRAIL	10 - 0 - < 6
CHAPEL PAVILION	COUNCIL CAMPFIRE RING	*Designates additional forms and/or certifications required for reserv Request forms must be received by COB Wednesday the week of request forms with all participants & we will follow them. I will give thorior to arrival at camp. We will check in with the Camp Ranger/Camp camp cleaner than we found it. If we are delayed or cancel our trip, I v (8:30am-5:30pm) or after hours/weekends, the Ranger. CDH- 806-679
NATURE TRAIL	BIKING TRAILS	equire y the v ;hem. I smp R; cance ger. CI
COUNCIL CAMPFIRE RING	*SWIMMING AREA (TIME)	tions r Inesda ollow t the Ca yed or he Ran
FISHING AREA	*BOATS (TIME)	B Wede will fin with re dela
BIKING TRAILS	CANOES,ROWBOATS,SAILBOATS	d/or cc by CO ts & wc check i f we ar
*SWIMMING POOL (TIME)	*RANGES (TIME)	ms an ceived icipant e will e will hours/
*BOATScanoes,row (time)		nal for the re all part mp. W we fou after after
*C.O.P.E. (TIME)	CAMPSITE RESERVATION (map on reverse)	idditio s must with s il at ca than v pm) or
*RANGES (TIME)	1 ST CHOICE:	nates and transport to the state of the stat
	2 ND CHOICE:	*Designates additional forms and/or certifications required for reserv Request forms must be received by COB Wednesday the week of request forms with all participants & we will follow them. I will give the prior to arrival at camp. We will check in with the Camp Ranger/Camp camp cleaner than we found it. If we are delayed or cancel our trip, I very cleaner than or after hours/weekends, the Ranger. CDH-806-675