

REQUEST FOR COUNCIL CAMP USE

SCOUT UNIT EVENT	COUNCIL EVENT	OUTSIDE GROUP EVENT	FAMILY EVENT
ARRIVING DATE/TIME: _____		DEPARTING DATE/TIME: _____	
NAME OF EVENT: _____		EMAIL OF LEADER IN CHARGE _____	
REGISTERED SCOUTING UNIT # _____		SCOUTING DISTRICT: _____	
GROUP NAME (if not registered): _____			
EXPECTED ATTENDANCE: CUB SCOUTS ___ BOY SCOUTS ___ EXPLORERS ___ VENTURERS ___ ADULTS ___			
PERSON MAKING REQUEST: _____		POSITION: _____	
VOLUNTEER LEADER IN CHARGE: _____		PHONE : _____	
ADDRESS: _____		CITY/STATE/ ZIP: _____	
GATE CODE: _____		DATE REQUEST FORM SUBMITTED TO COUNCIL: _____	
ARE THERE SPECIAL NEEDS/ACCOMODATIONS TO BE MET FOR YOUR GROUP? _____			

OFFICE USE ONLY

Received ___/___

By _____

Faxed / Emailed

to camp ___/___

by _____

CAMP DON HARRINGTON _____ **ENTIRE CAMP**

___ DINING HALL (TIME _____)

___ *KITCHEN (TIME _____)

___ PARADE GROUND (TIME _____)

___ ADMIN TRAINING ROOM (TIME _____)

___ MAIN BATHROOMS/SHOWERHOUSE

___ CUB WORLD (TIME _____)

___ TEEPEES, ___ FORT, ___ SHIP, ___ CASTLE

___ NATURE PAVILION

___ CHAPEL PAVILION

___ NATURE TRAIL

___ COUNCIL CAMPFIRE RING

___ FISHING AREA

___ BIKING TRAILS

___ *SWIMMING POOL (TIME _____)

___ *BOATS ___ CANOES, ___ ROW (TIME _____)

___ *C.O.P.E. (TIME _____)

___ *RANGES (TIME _____)

___ RIFLE, ___ ARCHERY, ___ WOBBLE/TRAP, ___ 5 STAND

CAMP MK BROWN _____ **ENTIRE CAMP**

___ DINING HALL (TIME _____)

___ *KITCHEN (TIME _____)

___ PARADE GROUND (TIME _____)

___ LEW BENZ (SUBJECT TO SEASON)

___ BATHROOMS (SUBJECT TO SEASON)

___ FISHING AREA (NO SWIMMING)

___ NATURE PAVILION

___ NATURE TRAIL

___ COUNCIL CAMPFIRE RING

___ BIKING TRAILS

___ *SWIMMING AREA (TIME _____)

___ *BOATS (TIME _____)

___ CANOES, ___ ROWBOATS, ___ SAILBOATS

___ *RANGES (TIME _____)

___ RIFLE, ___ ARCHERY, ___ PISTOL, ___ SHOTGUN

CAMPSITE RESERVATION (map on reverse)

1ST CHOICE: _____

2ND CHOICE: _____

*Designates additional forms and/or certifications required for reservation of these items.

Request forms must be received by COB Wednesday the week of requested date. I have read and will share the policies & regulations with all participants & we will follow them. I will give the gate code (CDH only) to all drivers in my group prior to arrival at camp. We will check in with the Camp Ranger/Campmaster prior to entering the gate. We will leave camp cleaner than we found it. If we are delayed or cancel our trip, I will contact the Scout Office during the weekday (8:30am-5:30pm) or after hours/weekends, the Ranger. CDH- 806-679-9617. MKB- 806-420-4434

Signature of Adult in Charge (copy to leader): _____