

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: _____	COUNCIL (IF NOT GSC): _____	
GROUP NAME (if not registered): _____			
EXPECTED ATTENDANCE: CUB SCOUTS ____ SCOUTS BSA ____ EXPLORERS ____ VENTURERS ____ ADULTS ____			
PERSON MAKING REQUEST: _____		POSITION: _____	
PRIMARY VOLUNTEER LEADER IN CHARGE: _____		PHONE : _____	
ALTERNATE VOLUNTEER LEADER IN CHARGE: _____		PHONE: _____	
DATE REQUEST FORM SUBMITTED TO COUNCIL: _____			
ARE THERE SPECIAL NEEDS/ACCOMODATIONS TO BE MET FOR YOUR GROUP? _____			

OFFICE USE ONLY

Received ___/___/___

By _____

Reservation entered in system ___/___/___

by _____

Comments _____

Form Date: 2/2020

CAMP DON HARRINGTON _____

_____ DINING HALL (TIME _____)

_____ *KITCHEN (TIME _____)

_____ PARADE GROUND (TIME _____)

_____ ADMIN TRAINING ROOM (TIME _____)

_____ CUB WORLD (TIME _____)

_____ TEEPEES, _____ FORT, _____ SHIP, _____ CASTLE

_____ COUNCIL CAMPFIRE RING

_____ BIKING TRAILS

_____ *SWIMMING POOL (TIME _____)

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

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

_____ *RANGES (TIME _____)

_____ RIFLE, _____ ARCHERY, _____ WOBBLE/TRAP

_____ 5 STAND

_____ OTHER (PLEASE LIST)

CAMP MK BROWN _____

_____ DINING HALL (TIME _____)

_____ *KITCHEN (TIME _____)

_____ LEW BENZ (SUBJECT TO SEASON)

_____ COUNCIL CAMPFIRE RING

_____ *LAKE (SWIMMING AREA) (TIME _____)

_____ *BOATS (TIME _____)

_____ CANOES, _____ ROWBOATS, _____ SAILBOATS _____ KAYAKS, _____ CORCLs, _____ PADDLEBOATS

_____ *RANGES (TIME _____)

_____ RIFLE, _____ ARCHERY, _____ PISTOL, _____ SHOTGUN

_____ OTHER (PLEASE LIST)

CAMPSITE RESERVATION

1ST CHOICE: _____

2ND CHOICE: _____

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

This form must be submitted a minimum of 7 days (NOT COUNTING THE DAY THE FORM IS RECEIVED AT THE OFFICE) before your requested date. For Example: Form is submitted Tuesday, 7 days is Tuesday of the NEXT WEEK and that day is the earliest you may arrive. The Unit Volunteer Leader in Charge as indicated on this form, will be briefed on Camp specific instructions upon arrival. Once that leader arrives, the other volunteers/parents will be allowed to proceed to their campsite/event location. If that leader isn't present or is delayed, we will brief the Alternate Leader in Charge as indicated on this form. It is imperative that the "Arrival Time" is accurate so the Ranger is available to check your group in. Late or early arrivals may cause delays. I have read and will share the policies & regulations with all participants & we will follow them. The CDH Gate Code will be given to your group upon check-in with the Camp Ranger/Campmaster. We will check-in with the Camp Ranger/Campmaster prior to entering the camp. 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): _____