

## APPLICATION FOR COUNCIL FACILITIES AND EQUIPMENT USE

Application Date: \_\_\_\_\_

Organization: \_\_\_\_\_  
Council Committee, District, Unit type and number, Other Organization

Requested Facilities - Camp: \_\_\_\_\_

Specific building, campsite or COPE: \_\_\_\_\_

Equipment needs: \_\_\_\_\_

Intended program or use: \_\_\_\_\_

Total number of youth: Male \_\_\_\_\_ Female \_\_\_\_\_

Total number of adults: Male \_\_\_\_\_ Female \_\_\_\_\_

Requested Dates - Arriving Date: \_\_\_\_\_ Estimated time of arrival: \_\_\_\_\_

Departing Date: \_\_\_\_\_ Estimated time of departure: \_\_\_\_\_

Requested By - Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Office: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

We agree to follow the instructions and regulations for the facilities requested. We will use the Safe Swim Defense and Safety Afloat Plans for all aquatic activities. We understand and accept liability for any damage to camp facilities or equipment. Facilities and equipment will not be available unless requested on this form. Priority in the event of scheduling conflicts are given in order to Council, District, NCAC Scouting Units, Out-of-Council Units, other organizations.

Leader's Signature: \_\_\_\_\_

It is the policy of the Boy Scouts of America that facilities and equipment may be made available to organized groups, other than its own members, under the following conditions:

1. That it does not interfere with the use of the camp for its intended purposes by the Boy Scouts of America.
2. That the group shall provide qualified adult leadership plus additional trained staff in sufficient numbers to adequately conduct its program and effectively provide for the safety, health and well being of all participants.
3. That all standards and certifications are complied with as may be required by law or in keeping with accepted practices.
4. That there be a hold harmless agreement and proof of adequate liability and other insurance coverage as may be appropriate
5. That the program of the group to be accommodated, as well as the leadership, shall be in harmony with the principles of Scouting.

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### For Office Use Only

Payment Received: \$ \_\_\_\_\_ Proof of insurance (if necessary) \_\_\_\_\_ YES \_\_\_\_\_ NO

Approved with the following conditions: \_\_\_\_\_