



## Application for Camp Usage

Complete this form and submit to Scout Service Center *with full payment*. If you anticipate being late, or must cancel your original plans, please notify the Scout Service Center at (513) 577-7700 or call the Camp Rangers at (513) 831-8311 and advise the Ranger of your revised plans. Failure to do so will result in forfeiture of full payment. **PLEASE PRINT INFORMATION.**

**Circle One:** Pack Troop Team Post Crew - Unit # \_\_\_\_\_ Event \_\_\_\_\_

District Name: \_\_\_\_\_  Council  Non-Scout Group Name: \_\_\_\_\_

Date Requested: Arriving \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_ AM/PM Departing \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_ AM/PM

Group Leader: Name \_\_\_\_\_ #Adults attending \_\_\_\_\_

Position in Scouting (or title if non-Scout group) \_\_\_\_\_ #Youth attending \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone – Home:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

LIST FACILITIES REQUESTED		COST
CAMP FRIEDLANDER		
CAMP CRAIG		
CUB WORLD		
CAMP MICHAELS		
LIST EQUIPMENT REQUESTED		COST
LIST FOOD REQUESTED		COST
OTHER DETAILS/REQUESTS		COST
<b>TOTAL ESTIMATED FEES TO BE CHARGED</b>		<b>\$</b>

I have read the *Camp Usage Guidelines* and will ensure that all persons represented by this application comply with the rules of camp use. I have enclosed full fees with this application. If I fail to keep this reservation and do not notify the camp Ranger prior to our scheduled arrival time, I understand that full payment will be forfeited.

Signature of Group Leader \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Send completed form to: **Dan Beard Council, Boy Scouts of America, 10078 Reading Rd., Cincinnati, Ohio 45241**  
**Please take your copy with you to camp. Present the approved form to Campmaster or Camp Ranger upon arrival at camp.**