

2009-10 Short Term Rental Application

Pack _____ Troop _____ Crew _____ District/Council Non-Scout Group

Out of Council Unit & Council Name: _____

This application is for the use of facilities at: _____ Camp Brulé _____ Camp Gorton

Attending Leader's Name: _____ Position in Unit/Group: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: { _____ } _____ Work Phone: { _____ } _____

PRINTED E-mail Address: _____

Attending Asst. Leader's Name: _____ Position in Unit/Group: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: { _____ } _____ Work Phone: { _____ } _____

PRINTED E-mail Address: _____

Additional Information Requirements from All BSA Units

Trained & Certified Leader/s On-Site - **REQUIRED AT ALL TIMES!**

Youth Protection: _____ Cert. Exp. Date: _____ Off. Check: _____

BALOO - Cub Packs: _____ Cert. Exp. Date: _____ Off. Check: _____

Special Activity - Trained & Certified Leader/s On-Site - Activity Period/s Only!

Safe Swim Defense: _____ Cert. Exp. Date: _____ Off. Check: _____

Safety Afloat: _____ Cert. Exp. Date: _____ Off. Check: _____

Climb on Safely: _____ Cert. Exp. Date: _____ Off. Check: _____

Hazardous Weather _____ Cert. Exp. Date: _____ Off. Check: _____

I acknowledge that a Local Tour Permit is required and MUST be filed in the Council Service Center at least 7 days before the date of the activity, and will be checked at camp by the Camp Ranger or designated individual.

Requesters PRINTED Name _____ Requesters SIGNATURE _____ Date of Request _____

If other than attending leader -- Home Ph.: { _____ } _____ Work Ph.: { _____ } _____

