

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.: { _____ } _____

Unit Information for Facilities at Camp Gorton

Requested Dates: From: ___ M ___ D ___ Y To: ___ M ___ D ___ Y

We expect: ___ Registered Youth ___ Unregistered Youth ___ Registered Adults ___ Unregistered Adults

Arrival Time: _____ Departure Time: _____ *{Buildings Must Be Vacated by 11:00 AM}*

REFER TO THE 2009-10 OFF – SEASON FACILITY RENTAL INFO ON THE BACK FOR MAXIMUM CAPACITIES & FACILITY AMENITIES

CAMP GORTON - CHECK APPROPRIATE BOXES

Five Rivers In-Council Rates

Facility	Rates per 24 Hours
<input type="checkbox"/> Five Nations Lodge	\$ 75.00 x ___ = \$ _____
<input type="checkbox"/> Memorial Lodge	\$ 75.00 x ___ = \$ _____
<input type="checkbox"/> Howland House	\$ 75.00 x ___ = \$ _____
<input type="checkbox"/> Empire Lodge	\$ 75.00 x ___ = \$ _____
<input type="checkbox"/> Waterfront Lodge – 1 to 4 Units Available \$ 60.00 Per Unit	\$ 60.00 x ___ = \$ _____
<input type="checkbox"/> Dining Hall	\$ 300.00 x ___ = \$ _____
<input type="checkbox"/> Campsite/s	\$ 15.00 x ___ = \$ _____
Campsite Name/s: _____	
<input type="checkbox"/> Day Use ONLY!	\$ 1.50 x ___ = \$ _____ {Per Person}
Total Facility Rental Fees = \$ _____	

Out of Council Rates

Facility	Rates per 24 Hours
<input type="checkbox"/> Five Nations Lodge	\$ 90.00 x ___ = \$ _____
<input type="checkbox"/> Memorial Lodge	\$ 90.00 x ___ = \$ _____
<input type="checkbox"/> Howland House	\$ 90.00 x ___ = \$ _____
<input type="checkbox"/> Empire Lodge	\$ 90.00 x ___ = \$ _____
<input type="checkbox"/> Waterfront Lodge – 1 to 4 Units Available \$ 85.00 Per Unit	\$ 85.00 x ___ = \$ _____
<input type="checkbox"/> Dining Hall	\$ 350.00 x ___ = \$ _____
<input type="checkbox"/> Campsite/s	\$ 20.00 x ___ = \$ _____
Campsite Name/s: _____	
<input type="checkbox"/> Day Use ONLY!	\$ 2.50 x ___ = \$ _____ {Per Person}
Total Facility Rental Fees = \$ _____	

RENTAL FEE PAYMENT INFORMATION

Payment

Method: ___ Cash ___ Check ___ Credit Card ___ Unit Account - FRC Units ONLY!

Credit Card: ___ Master Card ___ VISA ___ American Express ___ Discover

Name as it appears on credit card: _____ Exp. Date: ___ M ___ Y

Credit Card Number: _____ - _____ - _____ - _____

DO NOT WRITE BELOW – FOR OFFICE USE ONLY!

Date Received: _____ Received by: _____

Method Received: ___ Mail ___ Fax ___ Office Pouch ___ In Store