

Twin Rivers Council, Boy Scouts of America
253 Washington Avenue Extension
Albany, NY 12205

PHONE: (518) 869-6436
FAX: (518) 869-6439
CAMP: (518) 283-4794

ROTARY SCOUT RESERVATION CAMP USE APPLICATION FORM

INSTRUCTIONS:

- a. Complete Application and Return to Council
- b. Submit Facility Fee with Application
- c. \$25 Damage Deposit Due Upon Arrival at Camp

Date of Event _____ Type of Event _____
(Prior Approval MUST Be Obtained from the Ranger to arrive prior to 6 pm on Friday or to stay later than Noon on Sunday)

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Unit/Organization _____ District/Council _____

Attending: Boys: _____ Girls: _____ Male Leaders/Adults: _____ Female Leaders/Adults: _____

Facilities Reserved (specify cabin or campsite):

Cabin(s) _____
Lean-To Campsite _____
Tent Camping _____

Other Use (check all that apply):

_____ Day Use only
_____ Dining Hall/Kitchen
_____ Dining Hall only
_____ Campfire/Picnic Area

Primary Leader in Attendance:

Name _____
Address _____
City/State _____

Position: _____
Home Phone: _____
Work Phone: _____

PAYMENT: (Facility fees for all camps are payable when application is submitted.)

Fee Paid: \$ _____

_____ Check attached. (Check # _____)
_____ Charge my Unit Account (cannot be done at camp)
_____ Mastercharge _____
_____ Visa _____

Expiration Date: _____
Expiration Date: _____

FEEES ARE NOT REFUNDABLE, BUT MAY BE TRANSFERRED TO ANOTHER DATE OR CAMP, PROVIDING NOTICE IS GIVEN TWO WEEKS PRIOR TO ORIGINAL RESERVATION DATE. THIS FORM MUST BE SUBMITTED TO THE COUNCIL SERVICE CENTER TWO WEEKS PRIOR TO ARRIVAL AT CAMP OR A \$20 LATE FEE WILL BE ADDED TO THE FACILITY FEES.

I certify that I am aware of the Boy Scouts of America's current two-deep leadership policy and will have approval of our chartered partner for all leaders participating in this outing. I have read a copy of the camp rules and regulations and agree to follow them.

SIGNATURE of Primary Leader: _____ Date: _____

FOR OFFICE USE ONLY:

Approved By: _____ Date: _____
Date Paid: _____ Receipt # _____ Date Paid _____
\$25 Damage Deposit Returned to _____ Date: _____

TWIN RIVERS COUNCIL

BOY SCOUTS OF AMERICA