

QUAPAW AREA COUNCIL BOYS COUTS OF AMERICA

SHORT TERM CAMP RESERVATION AND PERMIT

**RESERVATIONS MUST BE MADE THROUGH THE SCOUT SERVICE CENTER IN PERSON, BY MAIL,
OR BY PHONE AND CONFIRMED TWO WEEKS PRIOR TO ARRIVAL AND
MUST INCLUDE A TOUR PERMIT**

Webelos Den/Troop/Crew/Post# _____ **District** _____ **Date of Application**

Campsite, Facility and or Equipment Requested (see reverse side)

: _____

Scheduled Camp Arrival - Week Day _____ **Date** _____ **Time:** _____

Scheduled Camp Departure- Week Day _____ **Date** _____ **Time:** _____

We would like our check out inspection at – Week Day _____ **Date** _____ **Time:** _____

Type of Activity Planned _____

Anticipated Attendance -# of Youth _____ **# of adults** _____

Adult Leader in charge while in Camp (must be over 21 Years of age):

Name _____ **Address** _____

City _____ **Zip code** _____ **H: Phone:** _____ **B: Phone** _____ **C:** _____

2nd Camp Leader (must be over 18 years of age)

Name _____ **Address** _____

City _____ **Zip code** _____ **H: Phone** _____ **B: Phone** _____ **C:** _____

Our Unit will do a Camp service Conservation project while in camp Yes _____ **No** _____

I have read and will share the regulations on the attached sheet with all participants and will abide by them.

Violation could result in my unit being asked to leave camp. Please complete on the reverse side of this form and turn in to Ranger upon arrival at camp.

Signature of adult in charge _____

Date: _____

For office Use only:

Date Received _____ **Date Approved** _____

Ranger notified _____ **Tour Permit attached** _____

Approved by _____

