

CAMP FLYING EAGLE
UNIT AND DISTRICT CAMP RESERVATION FORM
(Tour Plan not required)

Approval #

PLEASE RETURN TO: **Southwest Florida Council, BSA**
 1801 Boy Scout Dr.
 Fort Myers, Fl. 33907
Email: justine.gonzalez@scouting.org Phone: (239) 936-8072 Ext. 104 Fax: (239) 936-7864

 Date Request Submitted

This application must be submitted at the Service Center **at least 2 weeks in advance** of the scheduled camp activity for proper clearance and to **insure** usage of requested facilities. You will be notified in 2 business days **via email** regarding request availability and approval.

Unit No.	District	# of youth	# of adults	(Arrival Date)	(Time)	(Departure Date)	(Time)
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Council or district Event Name (if applicable) _____

LEADERS IN CHARGE – ALL UNITS MUST HAVE 2 DEEP LEADERSHIP (Required – At least one 21 yrs. and one 18 yrs. of age)

POSITION	NAME	EMAIL	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRANSPORTATION: () Personal Vehicles (s) () Bus () Hiking () Other

It is the tour leader's and unit committee's understanding that all drivers, vehicles, and insurance coverage will meet the national requirements as stated in the Guide to Safe Scouting. **Leaders driving must be at least 21 years of age.** No vehicles are allowed in camping area to comply with local fire codes and National BSA policy. **All vehicles should be parked in designated parking lots.** *The Guide to Safe Scouting has also been reviewed to insure all leadership is qualified to supervise planned activities.* **Specific activities related to (see * below) aquatics, shooting sports and climbing/C.O.P.E. requires proper supervision and certification as determined by the BSA policies and the SWFL Council.**

***Indicate name(s), certification, and expiration date for all activities that require certification. No Certs.= No Activity: Be Prepared!**

_____	_____
_____	_____

Unit Leader(s) in Charge Signature: _____

All units and visitors must check in and out with the Campmaster or Ranger.

Note: Please be aware that although most of the facilities are available to units at no cost, usage of some facilities and equipment is not available based on National BSA and/or local council policies or has a cost. Please review the **Camp Usage Fee Registration Form** for specific building, equipment or program costs.

INDICATE SPECIFIC FACILITY REQUESTED AND USAGE NEEDS

KITCHEN	HEAD COOK NAME	SAFE FOODS HANDLING CERT #	EXP. DATE	COMMENTS
DATE:				
DATE:				
DATE:				
MEAL (DINING HALL)	TIME IN	TIME OUT	# OF PERSONS	COMMENTS
BREAKFAST				
LUNCH				
DINNER				
OTHER				

CAMP SITES *(Assigned at check-in based on availability & camp needs)	DATE/TIME IN	DATE/TIME OUT	# OF PERSONS	COMMENTS
1 st choice				
2 nd choice				
3 rd choice				
BUILDINGS/PAVILIONS				
Health Lodge <i>(Not available for Unit activities)</i>	N.A.	N.A.	N.A.	N.A.
Handicraft				
Nature Lodge				
Staff/Training Lodge				
Admin Pavilion				
Rotary Pavilion				
Scout Craft Pavilion				
PROGRAM AREAS				
Activity Field (Evans)				
Parade Field				
Gilwell Field				
Amphitheater				
OA Fire Ring				
Road Kill Café				
*Pool				
*Canoes/Kayaks/Rowboats				
*Archery Range				
*BB/Rifle Range				
*Shotgun Range				
*Harlan Challenge Low C.O.P.E. Course (13 yrs or older only) SEE SWFL GUIDELINES BSA Health Form Part A & B on Council Website	Morning Session Or Afternoon session	Morning Session Or Afternoon session		<i>Required: Youth/Adult Health & Medical Record Consent-Hold Harmless/Talent Release Forms H₂O Bottles & Lunch</i>

Special Requests:

For Office Use Only:

Date Received in SWFL Office: _____ Date Verification Sent to Requestor: _____

Date Camp Fee Usage Form Received _____ **Date Payment Received:** _____

Date Final Reconciliation of Camp Fee Usage Form Completed: _____ Additional Amount Due or Refunded: \$ _____

Verification:

Approved By : _____ Date: _____

Approved with adjustments: _____

Declined - Explanations: _____

Campmaster/Ranger Unit Evaluation

This section to be completed by Campmaster/Ranger and turned in to the council office with the Unit Usage Fee Registration Form:

Checked in on _____
DATE

TIME: _____
AM PM

Checked out on _____
DATE

TIME: _____
AM PM

Camping Area Evaluation:

Troop left campsite in:

- Better condition
- Same condition
- Worse condition (*Forward to Scout Executive*)

- Acceptable correction action taken by unit before leaving camp.
- Unacceptable action taken by unit before leaving camp.
- No corrective action taken.

Shower/Bathroom Facilities:

- Better condition
- Same condition
- Worse condition (*Forward to Scout Executive*)

- Acceptable correction action taken by unit before leaving camp.
- Unacceptable action taken by unit before leaving camp.
- No corrective action taken

Property Damage: Please indicate specific damage unit or individual(s) should be billed & circumstances surrounding the incident:
(*Photos may be required*)

Did unit perform a Service Project or Camp Improvement? (If yes-explain/contact name(s):

Campmaster/Rangers Comments:

- Unit permitted continued use
- Recommended unit or individual(s) not be permitted future use (Forward to Scout Executive)**

Additional Comments for Campmaster/Ranger:

Signature of person conducting checkout: _____

Unit Leader Signature(s): (If damage or fees due) _____