

CAMP MILES
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 <i>*(Assigned at check-in based on availability & camp needs)</i>	DATE/TIME IN	DATE/TIME OUT	# OF PERSONS CAMPING	COMMENTS
1 st choice				
2 nd choice				
3 rd choice				
BUILDINGS/PAVILIONS				
Health Lodge <i>(not available for unit activities)</i>	<i>N.A</i>	<i>N.A</i>	<i>N.A</i>	<i>N.A</i>
Handicraft				
Ecology Lodge				
Pool Classroom				
Training Lodge				
Chickee Hut				
Seminole Shelter				
Mohawk Shelter				
Apache Shelter				
PROGRAM AREAS				
Activity Fields				
Amphitheater				
OA Fire Ring				
Training Lodge BBQ				
*Pool				
*Canoes/Kayaks/Rowboats				
*BB/Archery Range				
*Rifle Range				
*Shotgun Range				
*Climbing Tower <i>See SWFL Guidelines & BSA Health Form Part A & B on Council Website</i>	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>
*C.O.P.E. Course <i>See SWFL Guidelines & BSA Health Form Part A & B on Council Website</i>	Morning Session Or Afternoon session	Morning Session Or Afternoon session		<i>Required: Youth/Adult Health & Medical Record Health History & Consent Hold Harmless 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 _____ TIME _____
DATE AM PM

Checked out on _____ TIME _____
DATE AM PM

Camping Area Evaluation:

Troop left campsite in:

<input type="checkbox"/> Better condition	<input type="checkbox"/> Acceptable correction action taken by unit before leaving camp.
<input type="checkbox"/> Same condition	<input type="checkbox"/> Unacceptable action taken by unit before leaving camp.
<input type="checkbox"/> Worse condition (<i>Forward to Scout Executive</i>)	<input type="checkbox"/> No corrective action taken.

Shower/Bathroom Facilities:

<input type="checkbox"/> Better condition	<input type="checkbox"/> Acceptable correction action taken by unit before leaving camp.
<input type="checkbox"/> Same condition	<input type="checkbox"/> Unacceptable action taken by unit before leaving camp.
<input type="checkbox"/> Worse condition (<i>Forward to Scout Executive</i>)	<input type="checkbox"/> 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) _____