

**If you do not receive a sent confirmation, please save form and send as an attachment.

Old North State Council

APPLICATION FOR USE OF FACILITIES

Boy Scouts of America

Submit For Approval To:
Old North State Council
Post Office Box 29046
Greensboro, NC 27429-9046
Fax 336-378-9169
www.bsaonsc.org

Cherokee Phone: (336) 694-6440
Fax: (336) 694-4077
Woodfield Phone: (336) 625-9944
Fax: (336) 625-5342
Scout Office: (336) 378-9166 or (800) 367-9166

Email to twilliam@bsamail.org

Click box to submit

You must call the Council Office or Camp at least 24 hours before canceling your weekend. Payment is due to Council after your event.

Application Date: _____

From Unit: _____ No.: _____ District: _____ Council: _____

* Leader In Charge: _____ Address: _____

Phone (H): _____ (B): _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ E-mail address: _____

We request permission to use the facilities and/or equipment as indicated below and accept and assume full responsibility for observance of the rules and regulations and responsibility for the property and/or equipment used and to pay for all damages and/or loss other than normal.

Signed: _____ Position: _____

* If a Coed Group - Female Adult Chaperon - Name: _____

Address: _____ Phone: _____

Permit requested for: (check appropriate box:)		
<input type="checkbox"/> Woodfield East	<input type="checkbox"/> Woodfield West	<input type="checkbox"/> Woodfield Cub World
<input type="checkbox"/> Cherokee Scout Reservation	<input type="checkbox"/> Charles T. Hagan, Jr. Sea Scout Base	<input type="checkbox"/> H. Clay Hemric Scout Reservation

Dates requested from: _____	To: _____
Approximate time of arrival: _____	Departure: _____
Number to attend: Youth Members: _____	Adults: _____ Total: _____ Fee: _____
Campsite desired: _____	

Special Needs:	
<input type="checkbox"/> Building(s) _____	Fee: _____
<input type="checkbox"/> Equipment _____	Fee: _____
<input type="checkbox"/> Program Area _____	Fee: _____
<input type="checkbox"/> Other (Specify) _____	Fee: _____
<input type="checkbox"/> Archery <input type="checkbox"/> BB Range <input type="checkbox"/> Swimming <input type="checkbox"/> Boating <input type="checkbox"/> Canoeing <input type="checkbox"/> Tower <input type="checkbox"/> Shooting Sports	
Name of Trained Instructor and date on card: _____	

Council Approval: _____	Date: _____
Campsite Assigned: _____	
Comments: _____	Approximate Total: _____