

**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

e-mail to:
twilliam@bsamail.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

**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: _____