SOUTHWEST FLORDIA COUNCIL **BOY SCOUTS OF AMERICA**

CAMP FLYING EAGLE

Clear Form

SPECIAL ACTIVITY USAGE PERMIT FOR NON-SCOUTING GROUPS

ORGANIZATION/GROUP NAME: _____
DATE(S) OF ACTIVITY_____
DATE/TIME OF ARRIVAL_____ DATE/TIME OF DEPARTURE_____
PERSON RESPONSIBLE ON SITE NAME: _____ Title _____
PHONE: O) _____ M) _____ H) _____
ADDRESS: _____ City _____ State _____ Zip _____
EMAIL**:** _____ **Certificate of Liability Ins #** _____

EVENT ATTENDED BY:

# of Youth _____ **# of Adults (18 yrs. or older)** _____ **# of Staff Supervising** _____ **TOTAL** _____

INDICATE GENERAL PURPOSE OF ACTIVITY:

_____

_____

_____

I/We understand the contact listed below are personally and/or the organization which I/We represent are responsible for any and all property damage or missing property during contract hours and understand the Southwest Florida Council and Boy Scouts of America assumes no liability for any accidents or sickness which may occur while on council property**.**
We will sign a hold/harmless agreement of which all participants are aware *(Requestor's responsibility to inform participants).*

_____
Authorized Event Organization Representative Email Address

INDICATE SPECIFIC FACILITY REQUESTED AND USAGE NEEDS

KITCHEN	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**
1st choice:				
2nd choice:				
3rd choice:				
BUILDINGS/PAVILIONS				
Health Lodge *(first aid use only)*				
Handicraft				
Nature Lodge				
Staff/Training Lodge				
Admin Pavilion				
Rotary Pavilion				
Scout Craft Pavilion				

PROGRAM AREAS				
Activity Fields (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 Record Part A & B on Council Website.***	Morning Session ___ **or** Afternoon Session ___	Morning Session ___ **or** Afternoon Session ___		***Required:* Youth/Adult Health & Medical Record, Consent-Hold Harmless/Talent Release Forms.** *H_2O Bottles & Lunch*

Special Requests: ***Note: All * requires BSA certified and/or equivalent certifications as determined by the SWFL Council And require a Hold Harmless Agreement submitted 10 days prior to arrival***

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For Office Use Only:

Date Received in SWFL Office: ________________

Date Approved by SWFL Office: ________________

Date Hold Harmless Received: ________________

Date Certificate of Liability Ins. Received: ________________

Date Sent to Requestor: ________________

Date Security Deposit Received: ________________

Date Security Deposit Returned: ________________

Date Camp Fee Usage Form Received: ________________

Date Payment Received: ________________

Final Reconciliation of Camp Fee Usage Form: ________________

(For requests of entire camp rental contact the Scout Executive for cost and availability)
Note: A security deposit of **$_______** is required for use of Camp and must accompany this application to reserve any camp facility. (This deposit will be refunded after party departs and leaves camp in order in which it was found.) All visitors to the camp **MUST** check in with the camp ranger before entering camp. **No alcoholic beverages, firearms, or fireworks allowed on property. All Council and National, BSA policies must be followed**.

Council Scout Executive Approval: ____Date________________

Comments:____

____

____

Campmaster/Ranger Unit Evaluation

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

Checked in on _____ TIME _____ _____
DATE AM PM

Checked out on _____ TIME _____ _____
DATE AM PM

Camping Area Evaluation:

Group left campsite in:

- ☐ Better condition
- ☐ Same condition
- ☐ Worse condition ***(Forward to Scout Executive)***
- ☐ Acceptable corrective action taken by group before leaving camp.
- ☐ Unacceptable action taken by group before leaving camp.
- ☐ No corrective action taken.

Shower/Bathroom Facilities:

- ☐ Better condition
- ☐ Same condition
- ☐ Worse condition ***(Forward to Scout Executive)***
- ☐ Acceptable corrective action taken by group before leaving camp.
- ☐ Unacceptable action taken by group before leaving camp.
- ☐ No corrective action taken

Property Damage: Please indicate specific damage group or individual(s) should be billed & circumstances surrounding the incident:

_____

_____

_____

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

_____

_____

_____

Campmaster/Rangers Comments:

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

Additional Comments for Campmaster/Ranger:

_____

_____

_____

_____

_____

Signature of person conducting checkout: _____

Group Leader signature(s) (if damage or fees due) _____

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