SOUTHWEST FLORDIA COUNCIL **BOY SCOUTS OF AMERICA**

CAMP MILES

UNIT AND DISTRICT CAMP RESERVATION FORM

(Tour Plan not required)

PLEASE RETURN TO: **Southwest Florida Council, BSA**
1801 Boy Scout Dr.
Fort Myers, Fl. 33907
Email: jgonzale@bsamail.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)

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 CAMPING**	**COMMENTS**
1st choice				
2nd choice				
3rd choice				
BUILDINGS/PAVILIONS				
Health Lodge *(not available for unit activities)*	***N.A***	***N.A***	***N.A***	***N.A***
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 ***See SWFL Guidelines & BSA Health Form 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*
*C.O.P.E. Course ***See SWFL Guidelines & BSA Health Form Part A & B on Council Website***	Morning Session Or Afternoon session	Morning Session Or Afternoon session		***Required:*** ***Youth/Adult Health & Medical Record Health History & Consent Hold Harmless Forms*** *H_2O Bottles & Lunch*

Special Requests:

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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:
- ☐ 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)_____