

Chief Cornplanter Council #538

Boy Scouts of America

316 Fourth Ave. Warren, Pa. 16365
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Email: ccc.bsa2@verizon.net
Mike Crone – Camp Ranger

**APPLICATION FOR CANOE RENTAL
AND RELATED EQUIPMENT**

NAME _____	PHONE # _____
ADDRESS _____	UNIT # _____
TOWN _____	STATE _____ ZIP CODE _____
Requests the use of _____ canoes, _____ trailer(s), _____ extra PFD's, and _____ extra paddles for a total of \$ _____,	
from date ____/____/____, at time ____ AM / PM	
to date ____/____/____, at time ____ AM / PM.	

In making available this equipment, the Chief Cornplanter Council requires the following:

- o Every canoeist must wear a Personal Flotation Device (PFD).
- o Only Scouts and leaders qualified as "Scout Swimmers" are permitted to use canoes.
- o Leaders are qualified in Safe Swim Defense ***MUST SHOW CARD.***
- o Leaders abide by Boy Scouts of America Safety Afloat Program ***MUST SHOW CARD.***
- o At least two leaders required for all events.
- o All Out-of-council units **MUST** provide proof of accident insurance coverage with their application.
- o **Rental fees are per day fees.**
- o **A \$200 deposit is required**
- o All Units must leave a copy of your Tour Permit and Float Plan with the Camp Ranger or you will not be permitted to take the canoes. All fees paid will be forfeited.

EQUIPMENT	IN-COUNCIL UNIT	OUT-OF-COUNCIL UNIT	NON-SCOUT ORGANIZATION
Canoe with 2 lifejackets and 3 paddles	\$10 per Canoe per Day	\$30 per Canoe per Day	\$50 per Canoe per Day
Canoe trailer (holds 7 canoes)	\$5 per Day	\$30 per Day	\$50 per Day
Extra PFD's and paddles	\$1 each per Day	\$1 each per Day	\$1 each per Day

I certify that all requirements have been met and that all precautions will be taken to ensure a safe activity.
I will be responsible for all equipment and in the event damage or loss occurs.
I will be responsible for the repair or replacement of equipment.

Leader in Charge _____ please print _____ Position _____ please print _____

Address _____, _____, _____
City State Zip

Leader's Signature _____ Date ____/____/____

TOTAL FEES MUST ACCOMPANY APPLICATION