

CAMP OLMSTED SHORT TERM CAMPING APPLICATION

NAME _____		PHONE # _____
ADDRESS _____		UNIT # _____
TOWN _____	STATE _____	ZIP CODE _____
DATES DESIRED: ____/____/____ to ____/____/____		
BUILDING(S)/CAMPSITE(S) REQUESTED: _____		
EXPECTED ATTENDANCE:	YOUTH: _____	ADULTS: _____
EXPECTED ARRIVAL TIME: _____	EXPECTED DEPARTURE TIME: _____	

NOTE:

- o Arrival is no earlier than 7:30 AM, or later than 9:30 PM
- o Checkout time is no later than 2:30 PM on the last day of your permit.

It is understood that this campout will be conducted in keeping with the high standards of the Boy Scouts of America, and that an ADULT LEADER will be in charge during the entire weekend.

REMEMBER: National Standards require 2 adult leaders at all times, one of which is a least 21 years of age.

I _____ have read the rules and regulations covering the use of camp facilities and agree to observe them.

ADULT LEADER'S SIGNATURE

DATE

OFFICE USE ONLY

DATE RECEIVED: ____/____/____

FEE'S PAID: ____/____/____ RECEIPT # _____

APPLICATION APPROVED: YES _____ NO _____ BY: _____
COUNCIL REPRESENTATIVE

CAMP RANGER USE ONLY

ARRIVAL DATE: ____/____/____ TIME: _____ AM / PM

DEPARTURE DATE: ____/____/____ TIME: _____ AM / PM

REMARKS:

RANGER'S SIGNATURE

____/____/____
DATE