



**SHORT TERM CAMP PERMIT
WILLIAM C. CANNON SCOUT RESERVATION
CENTRAL N.C. COUNCIL, BSA**



(PLEASE TYPE OR PRINT)

PLEASE RETURN TO: Central N.C. Council, BSA
P.O. Box 250
Albemarle, NC 28002
Phone: (704) 982-0141 Ext. 229 Fax: (704) 982-0262

Date Request Submitted

This application must be submitted at the Service Center **at least 2 weeks in advance** of the scheduled camping trip or hike for proper clearance.

All units and visitors must check in and out with the Campmaster.

1. _____
Unit No. District # of youth # of adults (Arrival Date/ Time) (Departure Date/Time)

LEADERS IN CHARGE – ALL UNITS MUST HAVE 2 DEEP LEADERSHIP (Required – At least one 21 yrs. and one 18 yrs. of age)

POSITION	NAME	ADDRESS (City/State/Zip)	PHONE
_____	_____	_____	_____
_____	_____	_____	_____

TRANSPORTATION: () Private car (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 listed on the local tour permit. **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.

2. Please reserve the following facilities for our use. (Check appropriate boxes.)

- | | |
|---|---|
| <input type="checkbox"/> Campsite # _____ (units provide tents) | <input type="checkbox"/> Archery Range – Time(s) _____ |
| <input type="checkbox"/> Outpost Camp | <input type="checkbox"/> Rifle Range – Time(s) _____ |
| <input type="checkbox"/> Lake waterfront - Time(s) _____ | <input type="checkbox"/> Shotgun Range – Time(s) _____ |
| <input type="checkbox"/> Moss Picnic Shelter - Time(s) _____ | <input type="checkbox"/> Montgomery Lodge – Time(s) _____ |
| <input type="checkbox"/> Rappelling Tower – Time(s) _____ | <input type="checkbox"/> Special Request _____ |
| <input type="checkbox"/> Staff Lodge - Time(s) _____ | <input type="checkbox"/> We want to do a service project while at camp ___ hrs. |

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. Activities such as swimming (lake – requires safe swim defense), rappelling tower, use of the rifle and archery ranges requires proper certification of an adult member of your unit, and must be submitted with this form. **See the "Guide to Safe Scouting" for proper requirements and certifications for activities. This is available at local scout distributors or download from the BSA web page : www.Scouting.org, click on adults and volunteers, Publications and then Guide to Safe Scouting.** The Dining Hall Kitchen is not available for unit use. Use of dining hall table area is permitted however temperature settings are not subject to change. Swimming pool is not available for unit/district use. For availability of equipment for unit use, contact council office. Nominal costs associated with heat/ac may apply for some facilities.

Indicate name(s), type of certification, and expiration date for all activities that require certification

Council verification and approval: _____ Date: _____

3. Check Points: Please secure a health release statement from the parents or guardian of each Scout. Hospitals will not perform medical care without parental consent. Camp Emergency telephone # is (704) 422-3837.

4. Please be aware that Central N.C. Council carries no accident insurance coverage during the off-season - your unit insurance will apply. Does your unit have accident insurance? ___ Yes No ___ Carrier & Policy # _____

5. This group has given the local council every assurance that they will conduct themselves according to the best standards of Scouting and observe all rules of health, safety, and sanitation as prescribed by the Boy Scouts of America and will be responsible for any and all property damaged or missing due to unit negligence.

Units Leader's Signature: _____

6. * In the Event of Cancellation, please contact the Council Office at (704) 982-0141 or Camp Ranger at (704) 422-3837.

7. Verification:

- Approved By : _____ Date: _____
- Approved with adjustments _____
- Declined
- Explanations: _____

8. This section to be completed by Campmaster/Ranger:

Checked in on _____ at _____
Day and date AM PM

Checked out on _____ at _____
Day and 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

Camp-masters/Rangers Comments:

- Unit permitted continued use
- Recommended unit not be permitted future use (Forward to Scout Executive)

Additional Comments for Campmaster/Ranger

Signature of person conducting checkout: _____

Unit Leader signature: _____

Unit Leader comments:

Note:

The William C. Cannon Scout Reservation and Camp John J. Barnhardt is owned and operated by the Central N.C. Council, Boy Scouts of America. The use of the property **must** be arranged through the Council Office - **no exceptions. All reservations must be approved using this form with appropriate signatures is required.** Camp Barnhardt is open year round for off-season camping and is only closed on limited weekends during the year for holidays, special activities or during major maintenance projects. With the support of local united ways and the annual council Friends of Scouting Finance Campaign the Central N.C. Council is pleased to offer units and leaders camping opportunities at no cost. If you have any questions about the use of the scout reservation, please contact the Central N.C. Council Office at 704-982-0141 Ext. 229. Your feedback on your visit and how camp can be improved would be very much appreciated. Please direct all correspondence to: Scout Executive, P.O. Box 250, Albemarle, N.C. 28002.

