

# CAMP FACILITY PERMIT APPLICATION

**GROUP INFORMATION:**Unit Type: ☐ Pack ☐ Troop ☐ Crew ☐ Other

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Unit #: (use 4-digit code): \_\_\_\_\_ District: \_\_\_\_\_

Council: (If other than Northern Star): \_\_\_\_\_

Other: (Name of Group): \_\_\_\_\_

For rental of all Northern Star Council camp facilities and campsites. This form must be completed and returned to either council office with payment to secure reservations.

**RESERVATION CONTACT:** Pre-camp contact for payment/reservation confirmation and questions.  
(Please note: A fax number is preferred for returning confirmation paperwork.)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Eve): \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CAMP PROPERTY** (check one):

- ☐ Eagle Landing  
☐ Fred C. Andersen  
☐ Kiwanis  
☐ Many Point  
☐ Phillippo

- ☐ Rum River  
☐ Stearns  
☐ Tomahawk  
☐ Other: \_\_\_\_\_

**DATES IN CAMP:**

From (Month/Day) \_\_\_\_\_ To (Month/Day) \_\_\_\_\_ Year: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

For \_\_\_\_\_ weekend \_\_\_\_\_ camping:  
 Please confirm your Friday evening or Saturday check-in time with camp prior to arrival if your check-in time will be different than what is on this sheet only.  
 Plan to check-out prior to 12PM Sunday. See "Camp Usage Policy" for more information.

**FACILITIES / CAMPSITES REQUESTED:**

See the Northern Star Facilities Information Sheet for details.  
 (Note special requirements for use of commercial kitchens available at Kiwanis or Phillippo only.)

1.

2.

3.

4.

5.

6.

☐ Additional Facility List Attached (check if yes)**EQUIPMENT NEEDED:**

Plan accordingly as equipment is honored on a first come, first served basis. Additional charges may apply.

1.

2.

3.

4.

5.

6.

☐ Additional Equipment List Attached (check if yes)**Required Training**

- ☐ At least one participating adult must be certified in "Youth Protection Training" for all scouting activities.

Name of Adult: \_\_\_\_\_

**Required Training for Shooting Ranges and Climbing Towers**

See the "Camp Usage Policy" for required trainings. Certification must be presented at camp prior to use of these facilities.

**Required Training for Cub Scout Overnight Camping**

- ☐ At least one participating adult must have completed "Basic Adult Leader Outdoor Orientation" (BALOO).

Name of Adult: \_\_\_\_\_

**Aquatic Activity**

Where swimming or boating are included in the program, Safe Swim Defense, No. 34369, and/or Safety Afloat, No. 34368, standards must be followed.

- ☐ Our activity/camp includes aquatic activities

- ☐ Safe Swim Defense Certification

Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

- ☐ Safety Afloat Certification

Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

- ☐ For all aquatic activity, one adult must be CPR Certified

Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**-CONTINUED-**

**You must complete page 2** to fulfill all permit requirements and ensure your unit meets all standards of the BSA.  
 Be sure also to review the attached "Camp Usage Policies" (also available online).

# CAMP FACILITY PERMIT APPLICATION

PAGE 2

## GROUP INFORMATION: (Please complete to ensure your application pages stay together)

Unit Type: ☐ Pack ☐ Troop ☐ Crew ☐ Other Unit #: (use 4-digit code): \_\_\_\_\_

Other: (Name of Group): \_\_\_\_\_

## DATES IN CAMP:

From (Month/Day) \_\_\_\_\_

To (Month/Day) \_\_\_\_\_

Year: \_\_\_\_\_

**CAMP LEADERS:** BSA Policy requires at least two adult leaders on all trips. The adult leader in charge must be at least 21 years old. Coed Venturing crews must have both male and female leadership.

Camp Leader: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Eve): \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Asst. Leader: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Eve): \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ATTENDANCE** (estimate): Total Participants: \_\_\_\_\_ (Note: a per-person fee is charged at camp for actual attendance and due at check-out)

Male Youth: \_\_\_\_\_ Female Youth: \_\_\_\_\_ Male Adults: \_\_\_\_\_ Female Adults: \_\_\_\_\_ Notes: \_\_\_\_\_

## TRANSPORTATION:

Mode: ☐ Car, Van, Truck ☐ Bus ☐ Hiking ☐ Other: \_\_\_\_\_

The camp leader confirms that all drivers, vehicles, and insurance coverage meet the following standards:

**Absolutely no passengers in the beds of trucks or trailers are allowed at any time.**

**All passengers must wear a seatbelt**

**All vehicles MUST be covered by a public liability and property damage liability insurance policy.** The amount of this coverage must meet or exceed the insurance requirements of the state in which the vehicle is licensed. Any vehicle carrying 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.

**You will enforce reasonable travel speed in accordance with state and local laws in all vehicles.**

**All drivers must have a valid drivers license and be at least 18 years of age**

## AUTHORIZATION: By signing below you confirm that:

We have read and agree to abide by the policies outlined on this application and in the Northern Star Council "Camp Usage Policies" document.

We have a copy, have reviewed, and will abide by all policies in the Guide to Safe Scouting (No. 34416D)

The Camp Leader will verify all transportation requirements as outlined above are followed.

The Camp Leader will submit an attendance roster upon Check-In

The Camp Leader will pay all remaining fees (per-person fees, additional charges, and any damages) at Check-Out by unit check, personal check, or credit card.

## Committee Member:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camp Leader:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Issued: \_\_\_\_\_ by: \_\_\_\_\_, NSC Camping Service

Fees Paid (Pre-Camp): \$ \_\_\_\_\_ Date: \_\_\_\_\_ Invoice #: \_\_\_\_\_

\_\_\_\_ Youth Camper Fees: \$ \_\_\_\_\_ Equipment Fees: \$ \_\_\_\_\_ Paid at Camp: \$ \_\_\_\_\_

\_\_\_\_ Adults Shooting Sports: \$ \_\_\_\_\_ Building/Site Fees: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_ Trading Post Charges: \$ \_\_\_\_\_ Other Charges: \$ \_\_\_\_\_

Remarks/Disc. of Balance: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Incident Report Filed? ( ) Yes ( ) No

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