**MEMORIAL SCOUT CAMP AT SPECTACLE POND**

**APPLICATION FOR USE OF PROPERTY**

**Group Information:**

Parent Organization: (Check One)

BSA\_\_\_ GSA\_\_\_ Other Youth Group\_\_\_ Family\_\_\_ Other\_\_\_

Scout Troops Only:Troop Number: \_\_\_\_ Council: \_\_\_

City & State of Group: \_\_\_\_\_\_\_

Number of Adults (18+): \_\_\_\_\_ Number of Youth (Under 18): \_\_\_\_\_

By the time you use the property, will you have secured appropriate permissions & filed appropriate paperwork with your parent organization? Yes \_\_ No \_\_ N/A\_\_

**Supervising Adult’s Contact Information:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_) \_\_\_-\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request Information:**

Dates Requested (MM/DD/YY): \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_.

Facility Requested: Adam’s Cabin \_\_\_ Goodwin Campsite \_\_\_ Both \_\_\_

**STOP! BEFORE CONTINUING, PLEASE READ THE CAMP USE TERMS & CONDITIONS AND CAMP RULES ON OUR WEBSITE, HTTP://WWW.MEMORIALSCOUTCAMP.ORG/CAMP-RULES.HTML**

By signing below, you, the supervising adult, agree to insure that your group will abide by all terms, conditions, and camp rules during your stay.

You agree to release Troop 160 Memorial Scout Camp, the Camp Administrator, the Camp Ranger, and the Board of Directors of any liability whatsoever, and that you will assume all liability for your group’s stay at the camp.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_

**SEE YOU AT CAMP!**