

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](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!