# CAMP KARANKAWA GENERAL USE PERMIT

- Reservations for individual units are to be made through the Camp Director at least 14 Days in Advance
- Reservations will not be considered until all required forms are completed with all certifications and additional documentation attached.

## *Primary Use Information*

Event Type: Unit District Council Event Name or Reason of Use: _____

District/Area Type: Coastal Cradle of Texas Northern Star Thunderbird Exploring/LFL Other: _____

Out of Council Unit? If yes, please provide your Council Name: _____ & District: _____

All Out of Council Units are required to file a Tour Permit. Tour Permit Number: ___ ___ ___ ___ ___ ___ ___

Unit Type: Pack Troop Team Crew Post Other: _____ Unit #: ___ ___ ___ ___

Estimated number of campers and attendees: Adults ___ ___ ___ ___ Youth ___ ___ ___ ___ Total: ___ ___ ___ ___

Arrival Date: ___ ___ /___ ___ /___ ___ Time: ___ ___ : ___ ___ AM or PM
Friday Check in begins at 4:00 PM
A Scout is Courteous: If your trip is cancelled or you will be late, please contact the camp as soon as possible.

Departure Date: ___ ___ /___ ___ /___ ___ Time: ___ ___ : ___ ___ AM or PM
Sunday check out is to be completed by 11:00 AM

☐ Our unit would like to provide 2 hours of service to the camp by completing a conservation or maintenance project. If yes, please check the box and indicated the preferred date & time:

___ ___ /___ ___ /___ ___ Time: ___ ___ : ___ ___ AM or PM
Completion of 2 hours of service will waive the $25 individual unit camp fee required for units utilizing camp.

## *Unit or Event Leadership*

21 Years of age Primary Leader: _____Primary Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

E-Mail: _____@_____._____Cell Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Youth Protection Training Date: ___ ___/___ ___/ ___ ___ (Must be current)

I have read and will share the Camp Policy Use Manual with my unit or event committee. I also understand that violation of the rules and policies by any individual of our reserving may result in the repayment of damages and our group being asked to leave the camp property. ___ ___ ___
Initials

Secondary Leader: _____ Primary Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

E-Mail: _____@_____._____Cell Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Youth Protection Training Date: ___ ___/___ ___/ ___ ___ (Must be current)

Charter Organization Representative: _____Primary Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

E-Mail: _____@_____._____Cell Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

I attest that all of the above information is accurate to the best of my ability and will be the primary point of contact for our unit event while at camp. _____ ___ ___/___ ___/___ ___
Signature Primary Leader Date

# Facilities & Equipment Request – Note: Fees maybe apply

## *Facilities*

Place an (x) next to the requested facilities

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ___ | Archery Range | ___ | Rifle Range | ___ | Shotgun Range | ___ | 5 Stand Range |
| ___ | High / Low Range | ___ | Council Ring | ___ | Nature Area/Trail | ___ | Main Pavilion |
| ___ | Chapel | ___ | Water Front | ___ | Pool/Showers | | |
| ___ | Cub Frontier | | | | | | |

Please note: All shooting sports activities are for Boy Scout Troops only

## *Campsite & Restrooms*

Specific sites are assigned upon arrival, units with individuals that have special needs, should contact the camp directly. Please denote how many bathrooms you would like to reserve.

| | | | |
|---|---|---|---|
| ___ | Cub Frontier Campsite Area | ___ | Cub Frontier Shower House Bathroom $50.00 Deposit Required |
| ___ | Main Campsite Area | ___ | Main Shower House Bathroom $50.00 Deposit Required |

Unit campsite camping will require a $25 fee, or the fee can be waived for 2 hours of dedicated conservation or maintenance service to the camp by the unit.

## *Equipment*

___ Tools
___ Campsite Cooking Equip.
___ Canoes and Trailer (On Camp)
___ Row boats (On Camp Only)
___ Rifles/Shotguns
___ Archery Equipment

.

### *Unit Leadership List of Required Items*

- ☐ We have included all of our Required Certifications & Documentations
- ☐ We have attached our Tour Permit, if Out of Council
- ☐ We will have on hand the Guide to Safe Scouting when entering the camp.
- ☐ We will have on hand our Health Forms and Histories
- ☐ We will provide a unit roster when entering camp
- ☐ We will be traveling with a First Aid Kit

_____ __ __ / __ __ / __ __
Signature of the Primary Unit Leader Date

## Camp Use Only

Approved by: _____ __ __ / __ __ / __ __
Signature of the Camping Director or Camp Ranger Date

Unit Checked in: __ __ / __ __ / __ __ Time: __ __ : __ __ AM or PM

Unit Checked Out: __ __ / __ __ / __ __ Time: __ __ : __ __ AM or PM

Campsite Assigned: _____

Notes:
_____
_____
_____
_____
_____
_____
_____

Campmaster or Ranger on Duty: _____

# Unit Roster

Date:

| Name- First, Last | Adult | Youth |
|---|---|---|
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