



Ph. 517-321-9400 Fax. 517-321-7298 www.chiefokemosbsa.org

Climbing Tower Reservation Permit

Camp Kiwanis 517-676-6101

Fax. 517-676-6101

Ranger: Mike Ames

campkiwanis@acd.net

Date(s) Requested _____ Date of Issue _____

Time of Arrival _____ Time of Departure _____

(Please indicate what applies to your group only)

Pack# _____ Troop# _____ Varsity# _____ Crew# _____ LFL# _____ Post# _____

District Name _____ Council Name _____

Name of Event _____

Name of Non BSA Group _____

Name of Adult Leader Making Request _____

Address _____ City _____ State _____ Zip _____

Hm. Phone (____) _____ Wk. Phone (____) _____ Cell (____) _____

Email _____

Name of Adult Leader Attending Camp Facility _____

(Write "same" if you are the same person making request)

Address _____ City _____ State _____ Zip _____

Hm. Phone (____) _____ Wk. Phone (____) _____ Cell (____) _____

Email _____

A hold harm-less agreement must be signed by all participants.

- GROUPS MUST BE UNDER THE LEADERSHIP OF TWO (2) ADULTS AT ALL TIMES (ONE MUST BE 21 YEARS OF AGE) AND WILL ABIDE BY ALL CAMP RULES AND REGULATIONS**
- ALL FEES MUST BE PAID BEFORE YOU ARRIVE AT CAMP FACILITIES. YOU MUST CANCEL AT LEAST 15 DAYS BEFORE YOUR REQUESTED DATE OR ALL FEES APPLY.**
- DEPOSIT WILL BE FORFEITED IF ALL BUILDINGS/GROUNDS/TOWER ARE NOT CLEANED PROPERLY. ANY DAMAGES WILL BE BILLED FOR THE AMOUNT NEEDED FOR REPAIRS.**

FEES:

Chief Okemos Council Units:

\$5 half day (3 hours) @ # _____ Total Fee:\$ _____ Saturdays: 9-12 Weeknights 6-9

\$10 full day (6 hours) @ # _____ Total Fee:\$ _____ Day Hours: 9-12 and 1-4

\$15 Climbing Merit Badge Class # _____ Total Fee\$ _____ Day Hours 9-5

Scout Units outside the Chief Okemos Council :

\$8 half day (3 hours) @ # _____ Total Fee:\$ _____ Saturdays: 9-12 Weeknights 6-9

\$16 full day (6 hours) @ # _____ Total Fee:\$ _____ Day Hours: 9-12 and 1-4

\$20 Climbing Merit Badge Class # _____ Total Fee\$ _____ Day Hours 9-5

Non Scout Units:

\$10 half day (3 hours) @ # _____ Total Fee:\$ _____ Saturdays: 9-12 Weeknights 6-9

\$20 full day (6 hours) @ # _____ Total Fee:\$ _____ Day Hours: 9-12 and 1-4

Total Fees: \$ _____

Deposit: \$ 25.00

Deposit Refunded (office use only) Yes No Date: _____

Total Due \$ _____

Received: \$ _____ Cost Code =CLMADV

Balance: \$ _____

Method of Payment: Check _____ Charge Unit Account _____ Permission by: _____

Credit Card: _____ Visa or _____ MC Acc# _____ Exp Date _____ Signature _____

(The \$25 deposit must be paid with this form in order to secure your site reservation.)