



# CAMP FACILITY RESERVATION PERMIT

Date(s) Requested \_\_\_\_\_

Site(s) Requested \_\_\_\_\_

(Circle Facility You Want)

Camp Kiwanis  
Ph. (517) 321-9400  
Fax. (517) 321-7298  
Ranger: Bill Fellows

[info@chiefokemosbsa.org](mailto:info@chiefokemosbsa.org)

Northwoods Scout Reservation  
Ph. (517) 321-9400  
Fax. (517) 321-7298  
Ranger: Scott Thomas

[info@chiefokemosbsa.org](mailto:info@chiefokemosbsa.org)

Time of Arrival \_\_\_\_\_ Time of Departure \_\_\_\_\_

Pack# \_\_\_\_\_ Troop# \_\_\_\_\_ Crew# \_\_\_\_\_ LFL# \_\_\_\_\_ Post# \_\_\_\_\_

Council Name \_\_\_\_\_ District \_\_\_\_\_

Name of Event \_\_\_\_\_

Name of Non BSA Group \_\_\_\_\_

Number of Youth \_\_\_\_\_ Number of Adults \_\_\_\_\_

Name of Adult Leader Making Request \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home 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 \_\_\_\_\_

**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 ARE NOT CLEANED PROPERLY. ANY DAMAGES WILL BE BILLED FOR THE AMOUNT NEEDED FOR REPAIRS.**

Name of Site: \_\_\_\_\_ Fee:\$ \_\_\_\_\_ Heat:\$ \_\_\_\_\_

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Name of Site: \_\_\_\_\_ Fee:\$ \_\_\_\_\_ Heat:\$ \_\_\_\_\_

Total Site Fees: \$ \_\_\_\_\_

	Kiwanis	Northwoods
Deposit	900276	900276
Facility	900062	900075
Usage	900064	900077

Deposit Returned Y or N  
Date: \_\_\_\_\_  
Inv #: \_\_\_\_\_

Total Heat: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Received: \$ \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Method of Payment: Check \_\_\_\_\_ Charge Unit Account \_\_\_\_\_ Permission by: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Visa or MC Acct# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

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