



**SHORT TERM CAMP PERMIT  
WILLIAM C. CANNON SCOUT RESERVATION  
CENTRAL N.C. COUNCIL, BSA**



(PLEASE TYPE OR PRINT)

PLEASE RETURN TO: Kyle Camp  
Council Program Director  
Kyle.Camp@scouting.org

\_\_\_\_\_  
Date Request Submitted

All camp usage requests must be made by filling out the application and fax or email to Kyle Camp at least 2 weeks in advance of the scheduled trip or event for proper clearance and to insure usage of requested facilities. You will be notified in 2 business days regarding request availability and approval!

**All units and visitors must check in and out with the Camp Ranger or Campmaster on Duty.**

1. \_\_\_\_\_  
Unit No.                      District                      # of youth                      # of adults                      (Arrival Date/Time)                      (Departure Date/Time)

**LEADERS IN CHARGE – ALL UNITS MUST HAVE 2 DEEP LEADERSHIP  
(Required – At least one 21 yrs. or older and one 18 yrs. or older)**

POSITION	NAME	EMAIL	BEST PHONE #
_____	_____	_____	_____
_____	_____	_____	_____

TRANSPORTATION: ( ) Private car (s)    ( ) Bus    ( ) Hiking    ( ) Other

It is the tour leader's and unit committee's responsibility to insure that all drivers, vehicles, and insurance coverage will meet the national requirements as listed on the local tour permit. **Leaders driving must be at least 21 years of age.** No vehicles are allowed in camping area to comply with local fire codes and National BSA policy. All vehicles should be parked in designated parking lots.

MEDICAL – Each unit is responsible for securing a health release statement from the parents or guardian of each Scout. Hospitals will not perform medical care without parental consent. Camp emergency telephone is 704-961-8559.

Please reserve the following facilities for our use. (Check appropriate boxes.)

- Waterfront – (Requires Safe Swim Defense)
- Moss Picnic Shelter - Time(s) \_\_\_\_\_
- Staff Lodge - Time(s) \_\_\_\_\_
- Montgomery Lodge – Time(s) \_\_\_\_\_
- Pavilion Time(s) \_\_\_\_\_
- Dining Hall Table Area – Time(s) \_\_\_\_\_
- Campsite \_\_\_\_\_

Usage of the following facilities has fees associated with their use. They also require an adult member of your unit has the proper certifications to open the facility. All certifications must be submitted with this request for approval.

- Archery Range – Time(s) \_\_\_\_\_
- Rifle Range – Time(s) \_\_\_\_\_
- Shotgun Range – Time(s) \_\_\_\_\_
- Tower – Time(s) \_\_\_\_\_

The following facilities are **not** available for Unit use: Dining Hall kitchen and swimming pool.

Troop check-in time is not before 3:00pm on day of arrival. Check out must be before 10:30am on day of departure unless approved prior by Camp Ranger.

Balance due for facilities \_\_\_\_\_

Requestor's signature _____	Date _____
Ranger Approval _____	Date _____