

**SPECIAL ACTIVITY USAGE PERMIT FOR NON-SCOUTING GROUPS**

PLEASE RETURN FORM TO: Central N.C. Council, BSA Phone: (704) 982-0141 Fax: (704) 982-0262  
 Attn:  
 phone 704-982-0141  
 fax 704-982-0262

Organization/Group Name: \_\_\_\_\_ # Attending: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Person Responsible: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Describe Event to be Held:  
 \_\_\_\_\_

Indicate Specific Uses of Facility: (Inside/Outside):  
 \_\_\_\_\_

I/We understand the undersigned are personally and/or the organization which I/We represent are responsible for any and all property damage or missing property during contract hours and understand the Central N.C. Council and Boy Scouts of America assumes no liability for any accidents or sickness which may occur while on council property.

\_\_\_\_\_  
**Signature of event host or organization representative**

\_\_\_\_\_  
**Date**

The following facilities will occur charges as follows:

		<u>Date Needed</u>	<u>Cost</u>
Dining Hall (Table Area)	\$500.00 per day	_____	_____
Dining Hall Kitchen (Refrigeration, prep area)	\$100.00 per day	_____	_____
Pavilion	\$250.00 per day	_____	_____
Rappelling Tower (Additional cost for BSA certified instructor)	\$400.00 per day	_____	_____
Chapel Use	\$250.00 per day	_____	_____
O.A. Lodge	\$100.00 per day	_____	_____
Health Lodge	\$100.00 per day	_____	_____
Waterfront (Canoes/Row Boats)	\$ 10.00 per boat	_____	_____
Montgomery Lodge	\$100.00 per day	_____	_____
Cabins	\$ 75.00 per night	_____	_____
Rifle Ranges (must provide own guns & certified instructors/certificates) (plus ammo)	\$100.00 per day	_____	_____
Shotgun Range must provide own guns & certified instructors/certificates) (plus ammo)	\$100.00 per day	_____	_____
Campsites (charges per person)	\$ 10.00 per day	_____	_____
Swimming Pool (Additional cost for BSA lifeguard @ \$17.50/hr)	\$500.00 (2 hours)	_____	_____
Bathhouse	\$ 50.00 per day	_____	_____
Staff Cabins (per cabin)	\$ 20.00 per day	_____	_____
Security Deposit			<b><u>\$100.00</u></b>

**TOTAL FEES** \_\_\_\_\_

**Note:** The security deposit of **\$100.00** should be mailed to Central NC Council, PO Box 250, Albemarle, NC 28002. (This deposit will be refunded after party departs and leaves camp in order in which it was found.)

**Payment in Full must be received at least 10 business days in advance to hold reservation.**

All visitors to the camp **MUST** check in with the camp ranger before entering camp.

**All Council and National, BSA policies must be followed. No alcoholic beverages allowed on property**

Camp Ranger Approval \_\_\_\_\_ Date \_\_\_\_\_