



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



PLEASE RETURN  
TO:

Central N.C. Council  
 PO Box 250  
 Albemarle, NC 28002  
 Phone: (704) 981-0141 Fax :( 704) 982-0262  
 Denise Grennell, Director of Camping Services  
 dgrennell@bsaemail.org

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

All Camp usage requests must be made by filling out and returning this application to the Council Service Center  
**At least 2 weeks I 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 Camp master on Duty.

Unit #	District	# of youth	# of adults	Campsite Requested	Arrival Date/Time	Departure Date/Time
--------	----------	------------	-------------	--------------------	-------------------	---------------------

**LEADERS INCHARGE - ALL UNITS MUST HAVE 2 DEEP LEADERSHIP**

(Required - At least one 21 yrs. and one 18 yrs. of age)

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.)

Nominal costs associated with heat/ac may apply for some facilities

- 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) \_\_\_\_\_ (note temperature settings are not subject to change)

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.

Balance due for Facilities

Requestors Signature: _____	Date: _____
Council Approval: _____	Date: _____