

CHATTAHOOCHEE COUNCIL, BOY SCOUTS OF AMERICA

CAMP JAMES G. GALLANT

2014-2015 WEEKEND CAMPING RESERVATION

FOR PACKS, TROOPS, CREWS, OR SHIPS

Reservation form must be submitted two weeks prior date of reservation. This form is required for Scout units to enjoy Camp Gallant for unit activities. Information left blank will only delay processing as we confirm that information. "IN COUNCIL" rates apply to units in the Chattahoochee Council who conduct an annual Family Friends of Scouting campaign. All other units are subject to "OUT OF COUNCIL" rates. Family Friends of Scouting contributions go to support our camp operations and is vital to the sustainability of the property. Camp Gallant is operated by the Chattahoochee Council, BSA use of the property is subject to the consent and approval of the council executive board.

PLEASE COMPLETE ALL INFORMATION Pack Troop Crew or Ship Unit Number: _____

Is your unit in the Chattahoochee Council? Yes No If No what council? _____

The information below is the person who is the main contact for this reservation.

Name: _____ Position In Unit: _____

Email: _____

Cell Phone #: _____

Other Phone #: _____

ARRIVAL INFORMATION

Friday check-in is no earlier than 3 p.m. and no later than 9 p.m. EST
Saturday or Sunday check-out is no earlier than 7:30 a.m. EST

Arrival Date: ___/___/___ Friday Saturday Other

Arrival Time: _____ a.m. / p.m. EST

Departure: ___/___/___ Sunday Other

Departure Time: _____ a.m. / p.m. EST

ESTIMATED ATTENDANCE

Fees are based on your estimated attendance however you will only be charged for your actual attendance.

Number of registered volunteer leaders: _____

Number of non-registered parents: _____

Number of Scouts: _____

Number of non-Scout youth: _____

Total Estimated Attendance: _____

WEEKEND ACTIVITY RATES

<u>LODGING</u>	<u>In Council</u>	<u>Out of Council</u>	<u>Total</u>
<input type="checkbox"/> Campsite(s)	No Charge	\$2.50 pp/pn	= \$ _____
	(Campsite(s) Requested: 1 2 3 4 5 6 7)		

Total Estimated Fees = \$ _____
10% Deposit Due = \$ _____

TOUR / ACTIVITY PLAN & CAMP RULES

By signing this application you are confirming that a tour activity plan has been completed on-line, that you have read and distributed the camp rules to your leadership, and if participating in aquatic activities that the appropriate qualified supervision is in place. Tour Activity Plan Completed Date: _____

Signature: _____ Date: _____

PAYMENT

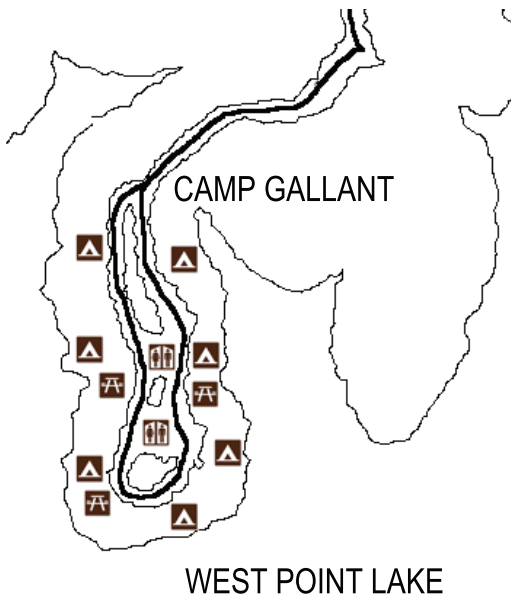
Fees are based on your estimated attendance however you will only be charged for your actual attendance. A 10% deposit is due at the time of the reservation. The balance of fees will be due upon arrival. Payment must be made by check payable to: **Chattahoochee Council, BSA.**

CANCELLATION POLICY

Deposit will be returned if cancellation is made within 48 hours of arrival. Cancellations made after 48 hours of scheduled arrival will be forfeited by the unit. Cancellations must be made by phone by calling 706-327-2634; e-mail cancellations are only valid if you receive a reply.

PROGRAM AREAS

Aquatic program areas require following the Safe Swim Defense for the Pool and Safety Afloat for boating activities. C.O.P.E., Climbing, and Shooting Sports requires national trained leadership which will be provided for your unit. When requesting these activities you will be put into contact with the qualified leadership to open these areas to work out specific timing of the activity.



Legend
pp = per person pn = per night ph = per hour pb = per boat

Office Use	Deposit Paid: ___/___/___
Copy to Ranger ___/___/___	Copy in Book ___/___/___
Copy to CD ___/___/___	
Reservation Confirmed with unit: ___/___/___ by: _____	