

2012

SAGAMORE COUNCIL, B.S.A.

2012

PO BOX 865, Kokomo IN 46903

765-452-8253 OR 800-844-0537

SPECIAL CAMP USAGE PERMIT FOR DINING HALLS

Rentals are for a 24 hour period.

CAMP BUFFALO RANGER, CHAS TRIPLETT - 574-278-7114
CARY CAMP RANGER, CHUCK TURNER - 765-447-1990

NAME OF RENTER _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

ALTERNATE CONTACT PERSON:

NAME _____ PHONE _____

For a confirmation notice - Please provide your email address _____

SEE BELOW FOR RENTAL FEES FOR USE OF A CAMP DINING HALL (CAPACITY 300) & KITCHEN (per day):

(For Cary Camp reservation, fee also includes Heritage Hall.)

In addition to this rental fee, \$200 Deposit is required for either camp.

Please Circle One: Camp Buffalo Fee: \$450.00 or Cary Camp Fee: \$700.00

We plan to check in with the Camp Ranger on _____ at _____ AM/PM

We plan to check out with the Camp Ranger on _____ at _____ AM/PM

Fee, Permit and Hold Harmless Agreement must be in Council Service Center within ten (10) working days following phone reservation to confirm reservation. Deposit should be submitted when camp fee is paid. Any reservation called in less than two weeks before usage is subject to a \$5.00 late fee.

RENTER RESPONSIBILITY

No alcohol is allowed on Camp properties. Any damage to buildings, grounds, or equipment is the responsibility of the renter. The Camp Ranger will assess damages. The Camp Ranger and Renter will check buildings and equipment on arrival and departure.

CANCELLATION

Cancellation must be made one week prior to scheduled arrival in order to have fees refunded.

NON-SCOUT GROUP'S or INDIVIDUAL'S INSURANCE

Non-Boy Scout Groups or individuals renting the camp facilities or equipment must complete the Hold Harmless Agreement and show proof of liability insurance.

DEPOSITS

Damage deposit of \$200.00 is required for use of a camp building for wedding or reception.

<i>For Service Center Use Only:</i>		
Amount Received: _____	Date: _____	Receipt: _____
<u>Non-Scout Groups or Individuals</u>		Ranger Comments:
Damage Deposit Received	_____	_____
Damage Charge if Any	_____	_____
Date Damage Dep. Refunded	_____	_____