

Buckeye Council, Inc.
Boy Scouts of America
2301 13th Street NW
Canton OH 44708

CAMP RESERVATION FORM

Phone: 1-330-580-4272
Phone: 1-800-589-9812
Fax: 1-330-580-4283
Camp McKinley: 1-330-424-0256

CAMP MCKINLEY

Date Submitted: _____

Type of Scout Unit: Pack / Troop / Post / Crew # _____ District _____ Council _____
(Circle One)

If other than Buckeye Council or Non-Scouting Organization Name: _____

On site adult leader in charge: Name _____

(2 Adults required on site at all times)

NOTE: If your group is co-ed, separate sleeping facilities are required!

Address _____

City, State, Zip _____

Home Phone _____

Business Phone _____

Second Leader's Name _____

Number of youth to attend _____

Number of adults to attend _____

Requested Date(s) of Use:

Arrival Date: _____ Estimated Arrival Time: _____
(Check in with Campmaster upon arrival)

If arrival time is later than 11:00 p.m., you are required to call camp or your site/building and fees will be forfeited!

TOUR PERMITS ARE REQUIRED FOR OUT-OF-COUNCIL UNITS

Departure Date: _____ Estimated Departure Time: _____

NOTE: If plans change or cancelling, call the Buckeye Council Service Center. If less than 24 hours to arrival time, call the Camp Ranger. See above for phone number.

Camp McKinley Facilities Requested (Indicate with an "x"):

- | | |
|---------------------------------------------------------|---------------------------------------------|
| _____ Riddle Cabin (16 maximum) | _____ Swimming Pool * |
| _____ Zaplata Cabin (26 maximum) | _____ Cliffs * (rapelling) |
| _____ Spiker Cabin | _____ Central Lodge (without the kitchen) |
| _____ Tent Camping | _____ Central Lodge (with the kitchen) |
| _____ Coyote Den (16 maximum) | _____ Other areas _____ |
| _____ Upper Adirondacks (24 maximum) | _____ The whole camp (with approval) |
| _____ Lower Adirondacks (15 maximum) | |
| _____ Canoe Rental Available (additional form required) | * Areas available with proper certification |

TOTAL AMOUNT DUE \$ _____

(payment is due 2 weeks before you go)

Signature in this section is required before the facilities requested will be reserved.

I have read and agree to abide by the "Policies and Guidelines for all Council Operated Properties."

In the event of a change in plans or emergency, we will notify the Buckeye Council Service Center.

Signed: X _____

Date: ____/____/____

Confirmation and Approval

Date Received: ____/____/____

Amount of Fees Paid: \$ _____

Receipt Number _____

DATE STAMP HERE