

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
Jon Karns: 1-330-821-7113

CAMP RODMAN

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 Rodman Facilities Requested (Indicate with an "x"):

_____ Stanford Pavilion (small)
_____ Seifert Pavilion (large)
_____ Tent Camping

Camp Rodman Fees:

\$5.00 per Camper (Out of Council) No charge for In Council tent camping
\$50.00 per Day (Non Scouting Groups / No Overnight Stays)

TOTAL AMOUNT DUE \$ _____

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:** ____/____/____

Buckeye Council Confirmation and Approval

Date Received: ____/____/____ Application Approved by: _____ Date: ____/____/____

Amount of Fees Paid: \$ _____ Receipt Number: _____

Confirmation and Approval sent to: _____ Requesting Organization
_____ Camp Rodman Ranger

DATE STAMP HERE