

CAMP FACILITY PERMIT APPLICATION

Phone: 612-261-2303 • Fax: 612-261-2499 • camping@northernstar.org



GROUP INFORMATION:

Unit Type: Pack Troop Crew Other

Unit #: (use 4-digit code): _____ District: _____

Council: (If other than Northern Star): _____

Other: (Name of Group): _____

RESERVATION CONTACT: Contact for payment & reservation confirmation and questions.

Name: _____ Email: _____

Phone (Day): _____ Phone (Eve): _____

Address: _____ City: _____ State: _____ Zip: _____

CAMP PROPERTY (check one):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Fred C. Andersen | <input type="checkbox"/> Rum River |
| <input type="checkbox"/> Kiwanis | <input type="checkbox"/> Stearns |
| <input type="checkbox"/> Many Point | <input type="checkbox"/> Tomahawk |
| <input type="checkbox"/> Phillippo | <input type="checkbox"/> Other: _____ |

DATES IN CAMP:

From (Month/Day) _____ To (Month/Day) _____ Year: _____

Arrival Time: _____ Departure Time: _____

For weekend camping: Confirm your check-in time with camp prior to arrival only if time will be different than above. Plan to check-out prior to 12PM Sunday. See "Camp Policies and Rules" for more information.

ATTENDANCE (estimate): Total Participants: _____ (Note: a per-person fee is charged at camp for actual attendance and due at check-out)

Male Youth: _____ Female Youth: _____ Male Adults: _____ Female Adults: _____ Notes: _____

FACILITIES / CAMPSITES REQUESTED:

See the Northern Star Locations and Rentals webpage for details
(Note special requirements for use of commercial kitchens available at Kiwanis or Phillippo only.)

Additional Facility List Attached (check if yes)

ACTIVITIES PLANNED/EQUIPMENT NEEDED:

Plan accordingly as equipment is honored on a first come, first served basis. Additional charges may apply.

Additional Equipment List Attached (check if yes)

CAMP LEADERS: BSA Policy requires at least two adult leaders on all trips. The adult leader in charge must be at least 21 years old. Coed Venturing crews must have both male and female leadership.

Primary On-Site Leader: Name: _____ Age: _____ Email: _____

Phone (Day): _____ Phone (Eve): _____

Address: _____ City: _____ State: _____ Zip: _____

Additional On-Site Leader: Name: _____ Age: _____ Email: _____

Phone (Day): _____ Phone (Eve): _____

FOR OFFICE USE ONLY: Date Issued: _____ by: _____ Reservation #: _____

CONTINUED: You must complete page 2 to fulfill all permit requirements and ensure your unit meets all standards of the BSA.

Be sure to review the "Camp Policies and Rules"

<http://camp.northernstar.org/camp-policies-and-rules>

Required Training

- At least one participating adult must be certified in "Youth Protection Training" for all scouting activities.

Name of Adult: _____

Required Training for Shooting Ranges and Climbing Towers

See the "Camp Policies and Rules" for required trainings. Certification must be presented at camp prior to use of these facilities.

Required Training for Cub Scout Overnight Camping

- At least one participating adult must have completed "Basic Adult Leader Outdoor Orientation" (BALOO).

Name of Adult: _____

Aquatic Activity

Where swimming or boating are included in the program, Safe Swim Defense, No. 34369, and/or Safety Afloat, No. 34368, standards must be followed.

- Our activity/camp includes aquatic activities

- Safe Swim Defense Certification

Name: _____ Exp. Date: _____

- Safety Afloat Certification

Name: _____ Exp. Date: _____

- For all aquatic activity, one adult must be CPR Certified

Name: _____ Exp. Date: _____

TRANSPORTATION:

Mode: Car, Van, Truck Bus Hiking Other: _____

The camp leader confirms that all drivers, vehicles, and insurance coverage meet the following standards:

- **Absolutely no passengers in the beds of trucks or trailers are allowed at any time.**
- **All passengers must wear a seatbelt**
- **All vehicles MUST be covered by a public liability and property damage liability insurance policy.** The amount of this coverage must meet or exceed the insurance requirements of the state in which the vehicle is licensed. Any vehicle carrying 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.
- **You will enforce reasonable travel speed in accordance with state and local laws in all vehicles.**
- **All drivers must have a valid driver's license and be at least 18 years of age**

AUTHORIZATION: By signing below you confirm that:

- **We have read and agree to abide by the policies outlined on this application and in the Northern Star Council "Camp Policies and Rules"**
- **We have a copy, have reviewed, and will abide by all policies in the Guide to Safe Scouting (No. 34416D)**
- **The Camp Leader will verify all transportation requirements as outlined above are followed.**
- **The Camp Leader will submit an attendance roster upon Check-In**
- **The Camp Leader will pay all remaining fees (per-person fees, additional charges, and any damages) at Check-Out by unit check, personal check, or credit card.**

Committee Member:

Name: _____ Signature: _____ Date: _____

Camp Leader:

Name: _____ Signature: _____ Date: _____