

**SABATTIS SCOUT RESERVATION
2012 CAMP APPLICATION**

Troop # _____ Council _____ District _____

Patrol Cooking- all weeks

WEEK	DATES	Estimated Attendance
1	7/1 – 7/7	Youth _____ Adult _____
2	7/8 – 7/14	
3	7/15 – 7/21	
4	7/22 – 7/28	
5	7/29 – 8/4	Site Preference 1. _____
6	8/5 – 8/11	2. _____

Please check desired week or weeks

We understand and agree that:

1. Enclosed with this application is a non-refundable \$50.00 Reservation Fee. This fee will be applied to your overall total.
2. This application is not binding until acknowledgement has been issued by the Council Office.
3. A \$100.00 payment per person and tentative roster is due by March 15, 2012 to the Council Office. This fee is non refundable, but transferable to any new addition to your camp roster. See fee schedule for further information.
4. The balance of the fees is due by May 1, 2012 to the Council Office. After that date all persons not paid in full will be charged a late fee of \$50.00
5. No refunds will be made with out a written request to the council office.
6. Have read the Refund and Cancellation Policy.
7. A minimum of two adult qualified leaders will be in charge during the entire period of the Unit's stay in camp. At least one of these leaders will be over 21; the other may be over 18. All leaders and adults must file an Adult Leader Registration Form approved by the Unit's Committee Chairman and the Chartered Organization. Leader fee after the allotted amount will be \$125.00 per leader.
8. The following number of leaders can go to camp free of charge:

3 - 15 Boys = 2 Free 16 - 24 Boys = 3 Free 25+ = 4 Free

The Adirondack Scout Camps are inspected by both the New York State Health Department and The Boy Scouts of America. We are issued a permit to operate a Camp by both of these agencies and in all areas meet or exceed their requirements to operate a Children's Camp.

Signature _____

Unit Camping Coordinator (person to receive all Correspondence)

Name _____

Address _____

City _____

State _____ Zip _____

Phone B. _____ H. _____

Cell. _____

Office Use Only

Deposit Amount _____

Receipt

_____ Date _____

Fee Rate

\$ _____