

In-Council Rentals

GREAT SAUK TRAIL COUNCIL
 BOY SCOUTS OF AMERICA
 1979 Huron Parkway
 Ann Arbor, Mi 48104
 734-971-7100

**APPLICATION FOR RESERVING
 COUNCIL PROPERTY**

Note – Reservation is NOT made until money and application are on file at the service center.

CAMP MUSCOOTAH

Troop _____
 Webelos _____
 Post # _____ Council Name _____ District Name _____

Other Group Name _____

Dates Desired: Arrival Date _____ Time + or - ½ hr _____ Expected Attendance / Actual _____

Departure Date _____ Time: _____ Boys _____ / _____

Girls _____ / _____

Adults _____ / _____

**** RESPONSIBLE ADULTS IN CHARGE AT CAMP (YOU MUST HAVE AT LEAST TWO)****

Name _____ Position _____

Address _____ Phone _____

Name _____ Position _____

Address _____ Phone _____

I certify that I have read the regulations on the back of this form and agree that our group will be FOLLOWING them.

Signature: _____ Date _____ (Tour permit required for out-of-Council units)

RESERVATION WILL NOT BE CONFIRMED IF FORM IS NOT FILLED OUT COMPLETELY AND SUBMITTED TO COUNCIL OFFICE WITH PAYMENT A MINIMUM OF 7 DAYS PRIOR TO ARRIVAL DATE.

ARRIVAL TIME- 3:00 PM FRIDAY

DEPARTURE TIME- CAMP CLOSES AT 3:00 PM SUNDAY

RENTAL PER WEEKEND

Campsites	Total Fees _____
Chippewa	10.00 _____
Ojibway	10.00 _____
Seneca	10.00 _____
Mohawk	10.00 _____
Potawatomi	10.00 _____
Sauk	10.00 _____
Huron	10.00 _____
Delaware	10.00 _____
Mingo	10.00 _____
Mohican	10.00 _____
Entire Camp:	100.00 _____

- #1) THE ABOVE NAMED AGREE TO FOLLOW ALL CAMP POLICES OR LOSE THE PRIVILEGE OF ATTENDANCE.
- #2) THE RESIDENT RANGER RESERVES THE RIGHT TO EJECT ANY OR ALL GROUPS FROM CAMP.
- #3) THE GREAT SAUK TRAIL COUNCIL RESERVES THE RIGHT TO FINE AND COLLECT FROM ANY AND ALL GROUPS WHO COMMIT PROPERTY DAMAGE.
- #4) REFUNDS WILL ONLY BE ISSUED ON CANCELLATION REQUESTED 30 DAYS PRIOR TO DATE OF RESERVATION.

I HAVE READ AND ACCEPT THE ABOVE TERMS AND CONDITIONS _____ **DATE** _____
 Sign on check in

Out of-Council Rentals

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 734-971-7100

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CAMP MUSCOOTAH

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 Webelos _____
 Post # _____ Council Name _____ District Name _____

Other Group Name _____

Dates Desired: Arrival Date _____ Time + or - 1/2 hr _____ Expected Attendance / Actual _____

Departure Date _____ Time: _____ Boys _____ / _____

Girls _____ / _____

**** RESPONSIBLE ADULTS IN CHARGE AT CAMP (YOU MUST HAVE AT LEAST TWO)****

Adults _____ / _____

Name _____ Position _____

Address _____ Phone _____

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ARRIVAL TIME- 3:00 PM FRIDAY

DEPARTURE TIME- CAMP CLOSSES AT 3:00 PM SUNDAY

RENTAL PER WEEKEND

Campsites		Total Fees _____
Chippewa	20.00 _____	Date _____
Ojibway	20.00 _____	
Seneca	20.00 _____	
Mohawk	20.00 _____	
Potawatomi	20.00 _____	
Sauk	20.00 _____	
Huron	20.00 _____	
Delaware	20.00 _____	
Mingo	20.00 _____	
Mohican	20.00 _____	
Entire Camp:	250.00 _____	

- #1) THE ABOVE NAMED AGREE TO FOLLOW ALL CAMP POLICES OR LOSE THE PRIVILEGE OF ATTENDANCE.
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