

CAMP APPLICATION NOTATION

CAMP WETASKIWIN

SCOUTS CANADA - ST. CATHARINES DISTRICT
32 CHERRY ST.,ST.CATHARINES,ONT.,L2R 5M6 (905)685-8600 FAX (905)685-1357

Complete this form and return to the District Office at the above address as far in advance of the date of the camp as possible. You must include a \$ 20.00 non-refundable deposit plus a \$30.00 refundable deposit for clean up and damage. Groups not associated with Scouts Canada must supply proof of liability insurance before the date of the camp. All youth must be accompanied by a leader or other adult. Please note that the facilities are assigned on a first come - first served basis with St. Catharines District events taking precedence.

GROUP/ORGANIZATION: _____

SECTION: _____ DISTRICT: _____

PERSON IN CHARGE: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

DATE REQUESTED:

From: _____ to _____
Time a.m./p.m. date time a.m./p.m. date

Expected Number of Campers:	Youth _____	Adults _____	Total _____	X _____	\$ _____
				Rate	

Facilities Requested - Check off facilities requested below.

Campsite # _____	Summer/Winter _____	\$ _____
_____ Potlatch	_____ Half	\$ _____
	_____ Lodge	\$ _____
	_____ Bunkhouse	\$ _____
	_____ Whole	\$ _____
Pool: Dates of Swim _____	(mid June to Labour Day)	\$ _____
	_____ Half Hour	_____ Hour
	_____ a.m.	_____ p.m.
	TOTAL	\$ _____

EQUIPMENT: GROUPS MUST ARRIVE SELF-CONTAINED

ALL NON-SCOUTING GROUPS ARE REQUIRED TO COMPLETE A SCOUTS CANADA HOLD HARMLESS AGREEMENT IN ADDITION TO THIS APPLICATION.

Fees: Calculate the fees you will expect to pay based on the Facilities and Fee Schedule. A booking will not be accepted without this form, a \$50.00 deposit and for groups not associated with Scouts Canada, proof of insurance.

I have read the Camp rules and agree to abide by them. Our Group will be responsible for any damage we cause to the Camp or its' equipment during our stay.

SIGNATURE _____ CHEQUE ENCLOSED FOR \$ _____

PRINT NAME _____ TELEPHONE NUMBER _____

GROUP COMMITTEE SIGNATURE _____ (FOR SCOUTING GROUPS ONLY)

(FOR OFFICE USE ONLY) FORM REVISED JUNE 27, 2000

APPLICATION APPROVED: DATE _____ BY _____ DEPOSIT RECEIVED _____

