

Application

For use of Camp Vandeventer

RESERVATIONS MUST BE MADE 1-MONTH PRIOR TO EVENT IN ORDER TO BE APPROVED

Submit to: Okaw Valley Council, Boy Scouts of America, 1801 North 17th Street, Belleville, IL 62226

1. Name of Group \_\_\_\_\_  
 Person in Charge \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (h) \_\_\_\_\_ (b) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Purpose of Event \_\_\_\_\_

3. Arrival DATE \_\_\_\_\_ Hour \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

4. Departure DATE \_\_\_\_\_ Hour \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

5. Expected Attendance: Men \_\_\_\_\_ Women \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

**FACILITIES REQUESTED:**

<u>Facilities</u>	<u>Campsites</u>
_____ Pool (* see note)	_____ Wolf
_____ Cohen Lodge	_____ Bobcat
_____ Harrisonville Pavilion	_____ Tiger
_____ Flag Hill	_____ Bear
_____ Waterloo Rotary Pavilion	_____ Akela
_____ BB Gun Range	_____ Kiwanis
_____ Archery Range	_____ Pinewood
_____ Eagle Trail	_____ Staff Village
_____ Health Lodge	_____ McLean Staff Cabin (8 person)
_____ Campfire Ring	_____ Welge Staff Cabin (8 person)
_____ Cooks Cabin	_____ Other _____
_____ Bluffs along Creek**	_____ Director Housing

I am familiar with the Camp Vandeventer facilities, I have read the rules and regulations on the reverse of this form and they are satisfactory for our group. We will be responsible for the facilities, which we use and agree to reimburse the Okaw Valley Council for all reasonable costs and expenses incurred on account of any loss or damage to said facilities and/or equipment. I further hereby represent and warrant that we shall furnish adequate and qualified adult leadership and supervision for each of the facilities our group has requested.

\*Use of Aquatic Facilities (Pool, Waterfront and/or Watercraft)- Our group shall be responsible for providing qualified supervision and lifeguards and shall conduct ourselves in a safe prudent manner.

\*\*Must be approved by the council C.O.P.E. committee prior to application for usage. See other notes on camp usage sheets.

Date Submitted \_\_\_\_\_

Calendar checked by (office use) \_\_\_\_\_

Person Requesting Facilities Use (Print or Type) \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

The ranger to best utilize camp facilities may reassign facilities.

Mike Gordy, Ranger (618-939-6304)