

UNIT PERMIT TO USE CAMP MOULTRIE

Must be submitted at least two weeks in advance.

Copy needed at check-in

Unit type & no.: _____ District: _____ Council: _____

Leader in charge: _____ Phone: _____

Email: _____

Arrival date: _____ Approximate time (after 6 PM): _____

Departure date: _____ Approximate time: _____

CUB CAMPING: BALOO trained leader in attendance: _____

Camping Fee: \$5.00 per person for up to 2 nights. Includes day visitors.

Number expected: Adults _____ Youth _____

Campsite requested: Campsite 1: _____ Campsite 2: _____ Campsite 3: _____

Campsite 4: _____ Campsite 5: _____ Campsite 6: _____

Facilities requested: Shelter 1 (N/C): _____ Shelter 2 (\$5.00 per day for power): _____

Shelter 3 (\$5.00 per day for power): _____ Shelter 4 (N/C): _____

Swimming and/or Aquatic Activities

NO LIFEGUARD PROVIDED! SAFE SWIM DEFENSE REQUIRED!

Swim tests **MUST** be administered before arrival at camp if swimming or using aquatic equipment. Swim area must be surveyed to ensure safety as outlined in Safe Swim Defense. Person in charge of swimming activity **must** have a copy of their Safe Swim Defense and CPR certifications. For boating activities, a Safety Afloat certificate is also required.

I understand the requirements listed above and will follow them:

Print Name

Signature

Date

Aquatic Equipment (must be used onsite)

\$2.00/day/canoe (7 available): _____

\$5.00/day/sailboats (8 available): _____

\$2.00/day/kayak (8 available): _____

\$10.00/day/Jon boat (+gas/oil) (1 available): _____

I have read and understand the "Coastal Carolina Camp Manual" and agree to follow the rules and guidelines. I also understand that if any damage occurs to camp property and is determined to have been caused by my unit, the unit will be responsible for repairs.

In order to receive a refund, a 5 day cancellation is required.

Print Name

Signature

Date

For Office Use Only \$25.00 Deposit required	Invoice #: _____	Approved by: _____	Date: _____
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