



Baiting Hollow Scout Camp
 Suffolk County Council, BSA
 7 Scouting Blvd, Medford NY 11763

Short - Term Camping

Date of application: _____ Unit: _____ District: _____

<u><i>Request use of cabin:</i></u>	<u><i>Capacity</i></u>	<u><i>Cost</i></u>
ADIRONDACK & LEAN TOS	44	\$60.00 + \$4.00 per person
PENATAQUIT	20	\$60.00 + \$4.00 per person
SHINNECOCK	10	\$50.00 + \$4.00 per person
TRAINING LODGE	18	\$125.00+ \$4.00 per person
TUOCS/ BOATHOUSE	20	\$60.00 + \$4.00 per person
CAMPSITE		\$4.00 per person

Cabin or campsite for: number of scouts/venturers _____ number of leaders _____

We will arrive on: Day _____ Date _____ Time _____

And will depart on: Day _____ Date _____ Time _____

Our check for \$ _____ is enclosed

CABIN CAPACITY AS PER HEALTH DEPARTMENT REGULATIONS

IMPORTANT INFORMATION

- CHECK IN TIME IS **AFTER 6:00 PM FRIDAY.**
- CHECK OUT TIME IS **BEFORE 2:00 PM SUNDAY.**
- RESERVATION FEES ARE REFUNDABLE **ONLY** IF CANCELLATIONS ARE MADE AT LEAST 2 WEEKS PRIOR TO CAMP DATE **AND** IF ANOTHER TROOP REPLACES YOURS IN THE FACILITY.
- BRING DEPOSIT CHECK FOR \$50.00 WITH YOU TO CAMP.

I HAVE READ THE REGULATIONS AND AGREE TO USE THE CAMP FACILITIES UNDER THESE CONDITIONS.

NAME: _____ (UNIT LEADER IN CHARGE)
(PLEASE PRINT)

ADDRESS: _____ TOWN: _____

ZIP: _____ PHONE: (H) (_____) _____ - _____ (B) (_____) _____ - _____

ON CHECK-IN -- COMPLETED AT CAMP

DATE: _____

TOTALS

DEPOSIT CHECK: _____

TOUR PERMIT: _____

ROSTER SUBMITTED _____

ARMBANDS _____

COST OF FACILITY \$ _____

\$ _____

OF PEOPLE: _____ @ \$4.00 = \$ _____

\$ _____

CLIMBING WALL # _____ @ \$10.00 _____

\$ _____

TOTAL FEE DUE: \$ _____

**

\$ _____

CAMPMASTER _____ TEAM # _____
(please print)

-----PAID AT COUNCIL-----

AMOUNT PAID AT OFFICE: \$ _____ RECEIPT # _____ \$ _____

CLIMBING WALL # _____ @ \$10.00 _____ \$ _____

LESS (--) ** \$ _____

BALANCE DUE \$ _____

\$ _____

PAID BY: CHECK CASH CREDIT CARD (CIRCLE ONE)

FIELD RECEIPT # _____

-----OFFICE USE-----

BALANCE RECEIPTED: \$ _____