Goshen Scout Reservation

FACSIMILE TRANSMISSION FORM
Application for Council Facilities and Equipment Use

Date: _____ Time: _____ Number of Pages: _____

To: _____

Phone: _____ Fax: _____

From: National Capital Area Council, Boy Scouts of America, Program Department
9190 Rockville Pike, Bethesda, MD 20814-3897
Phone: 301-214-9197 FAX: 301-564-9513

Please complete and return page 2 to the above address.

FACILITIES AND FEE SCHEDULE

Facility:	*NCAC member fee:*	*Others:*
Camp Olmsted		
Dining Hall and Kitchen	$200.00 per day	$250.00 per day
Covered Activity Pavilions	$50.00 per weekend	$75.00 per weekend
Campsite	$25.00 per weekend	$50.00 per weekend
Camp Post Goshen Scout Reservation, Goshen, Virginia		
Memorial Building	$100.00 per day	$150.00 per day
Health Lodge (sleeps 12)	$100.00 per day	$150.00 per day
Cabins (each cabin sleeps 4)	$50.00 per night	$75.00 per night
Double Wide Farm House		
(Sleeps 20)	$100.00 per night	$150.00 per night
Canoe/Kayak Rental		
(Lifejackets/paddles included)	$10 per canoe/kayak	$10 per canoe/kayak

Cancellation Polity: Campsite and building rental fees are non-refundable.

Notes: Weekend rates are from 4:00 PM Friday to 2:00 PM Sunday.
All NCAC facilities are closed for the Thanksgiving, Christmas, New Year's and Easter holiday weekends.
Clean-up charges will be assessed at $45.00 per hour if required.

Revised: February 2013
National Capital Area Council

APPLICATION FOR COUNCIL FACILITIES AND EQUIPMENT USE
GOSHEN SCOUT RESERVATION

Application Date: _____

Organization: _____
Council Committee, District, Unit type and number, Other Organization

Requested Facilities

Camp: _____

Specific building, campsite: _____

Equipment needs: _____

Intended program or use: _____

Total number of youth: Male _____ Female _____

Total number of adults: Male _____ Female _____

Requested Dates

Arriving Date: _____ Estimated time of arrival: _____

Departing Date: _____ Estimated time of departure _____

Requested by

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Office/day phone _____

E-mail address: _____ Fax: _____

We agree to follow the instructions and regulations for the facilities requested. We will use the Safe Swim Defense and Safety Afloat Plans for all aquatic activities. We understand and accept liability for any damage to camp facilities or equipment. Facilities and equipment will not be available unless requested on this form. Priority, in the event of scheduling conflicts is given in order to Council, District, NCAC Scouting Units, Out-of-Council Units, other organizations.

Leaderôs Signature:_____

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It is the policy of the Boy Scouts of America that facilities and equipment may be made available to organized groups, other than its own members, under the following conditions.

1. That is does not interfere with the use of the camp for its intended purposes by the Boy Scouts of America.
2. That the group shall provided qualified adult leadership plus additional trained staff in sufficient numbers to adequately conduct its program and effectively provide for the safety, health and well being of all participants.
3. That all standards and certifications are complied with as may be required by law or in keeping with accepted practices.
4. That there be a hold harmless agreement and proof of adequate liability and other insurance coverage as may be appropriate.
5. That the program of the group to be accommodated, as well as the leadership, shall be in harmony with the principles of Scouting.

For Office Use Only

Payment Received:$_____ Proof of insurance (if necessary) _____Yes _____ No

Approved with the following conditions: _____

Approved by:_____ Date _____