



BOY SCOUT CAMP MAUBILA FACILITIES & EQUIPMENT USE REQUEST

Certain Facilities and Equipment will not be available for use or check out when a Council or District event is conducted at camp, or during a National holiday weekend – Call the Council Office BEFORE making your reservation.

Mail or Email this request to: Mobile Area Council, BSA
2587 Government Blvd, Mobile, AL 36606
Phone: 251-476-4600
Email: bertoler@scouting.org

Today's Date: _____

Unit Type & #: _____ Arrival Date & Time: _____ Departure Date & Time: _____

Adult Leader in Charge: _____ Position: _____

City/State/Zip: _____

Phone: _____ Email: _____

Youth Attending: _____ # Adults Attending: _____

The purpose or activities planned : _____

Requested campsite/facilities/equipment:

Other requests: _____

PLEASE NOTE:

- **\$25 non-refundable reservation fee is required when reserving facilities/equipment. The balance of fees are due to the Council Service Center prior to your arrival at camp.**
- All vehicles will be left in the parking lot. Trailers may be taken to the campsite, dropped and the tow vehicle returned to the parking lot.
- All Aquatics activities require the unit leadership to have and present current BSA Safe Swim Defense and Safety Afloat Training Certifications.
- Canoe & Kayak Trailers requires the driver of the tow vehicle to provide proof of appropriate vehicle insurance coverage and approved towing equipment.
- Use of the Archery Range and equipment requires the unit leadership to have and present current BSA Archery Range Safety Officer Training Certification or request that personnel be provided by the Council. Use of the Rifle/Shot Gun Ranges and equipment requires the unit leadership to have and present current BSA Shooting Sports Instructor or NRA Instructor certifications or request that personnel be provided by the Council.
- Place all garbage and trash in the dumpsters.
- Units will be responsible for any damages other than normal wear & tear and equipment failure.

FOR COUNCIL OFFICE USE:

\$25.00 Non-Refundable Reservation Fee Received by: _____ Date: _____

Approved by: _____ Date: _____

Applicant notified by: _____ Date: _____

Camp Caretaker notified by: _____ Date: _____

****RESERVATIONS MUST BE MADE AT LEAST 14 DAYS IN ADVANCE****

FOR USE BY COUNCIL CARETAKER:

Unit: Check-In Date/Time _____ Check-Out Date/Time: _____

Number of Youth & Leaders: _____

Condition of facilities at arrival: _____

Condition of equipment at arrival: _____

Condition of facilities at departure: _____

Condition of equipment at departure: _____

Comments: _____

FACILITIES & EQUIPMENT USE FEE SCHEDULE: Note – Fees are applied to help defray our costs of maintenance, normal wear & tear, and repairs of facilities and equipment. Examples: electricity/heat & AC, PPE, ammunition, PFDs, paddles, paper products, etc.

| Facility/Equipment | Fees | Qty | Total Due |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| Tent Campsite (Unit provides tents) | \$4 per person per night | | |
| Cabins (Staff Site 14 – 4 cabins, 10 people/cabin) | \$50 per cabin per weekend | | |
| Kitchen/Dining Hall (Unit provides all food) | \$150 per weekend | | |
| Training/Conference Room | \$50 per weekend | | |
| Boats, Paddleboards, Canoes & Kayaks (In Camp Use, Includes paddles & PFDs) | \$4 per day per boat/canoe/kayak/paddleboard | | |
| Shooting Sports (Units are responsible for cleaning of the guns used) | Shot Gun (25 shells & clays) \$10 per person Rifle (ammo & targets) \$10 per person Archery (arrows & targets) \$4 per person | | |

Fees Due: \$ _____ (\$25 reservation fee due upon submission of form)

Council Caretaker Signature/Date: _____

PAYMENT METHOD:

| | | | | | | | | | | | | |
|--------------------------|--|--|---------|--|--|------------|--|--|------|-----------|--|--|
| Name: | | | | | | | | | | | | |
| Position: | | | | | | | | | | Unit #: | | |
| Address: | | | | | | | | | | District: | | |
| City: | | | | | | Phone (H): | | | (W): | | | |
| State & Zip: | | | | | | Email: | | | | | | |
| Cash or Check: | | | Check # | | | Amount: \$ | | | | | | |
| Visa or MasterCard #: | | | | | | | | | | | | |
| Expiration date: MM/YYYY | | | | | | Signature: | | | | | | |

***Council Caretaker- return this completed form to the Council Service Center Office Use: 6701-700-2**