## **APPLICATION FOR USE OF OBSR FACILITIES & EQUIPMENT**

## Minimum usage fees must be submitted two weeks in advance, along with this application.

PLEASE PRINT	(Select One)	Pack #	Troop #	Crew #	Other	
Number of Youth		uth	Number of Adults			Total
(Check-in	6 to 9:30 P.M. (	Central) Frida	y and check-out b	y Noon Sunday	exceptions for (	Council/District events)
Arrival			Departure			
	(Day, Date,	Time)			(Da	ay, Date, Time)
Campsites Requested			Cabins Requested Facilities/Equipment			
						tion training; co-ed urther requirements.
_			Position			
Address			City		State	Zip Code
Day Phone		Eve	ening Phone		Cell Phon	e
Fax #		Ema	ail			
Second Leader's Name			Cell Phone			
to Safe Scouting Campmaster upo	<b>n, Section II, Ac</b> n arrival at cam	<b>uatics Safety</b> D.	). A copy of the cer	tifications are atta	ached to this applic	ating activities (refer to the <i>Guide</i> cation and will be shown to the
	·		on along with fees BUFFALO TRA 3501 E Lloyd Evansville	ACE COUNCIL Expressway , IN 47715		
Phone: 812.423	.5246 Toll-Fr	ee 800.264.5	5246 Fax: 812.42	23.4845 Email	: administratior	n@buffalotracecouncil.org
Permission to charge \$to unit account <b>OR</b> check (cash) enclosed in the amount of \$						nount of \$
Date Application Submitted			Receipt #			
Council appro	val by			Position	_	Date
Campmaster's	Name		Ce	ell	Home	
CHECK-IN:	ure		CHECK-OUT: Leader's Signature			
Leader's Signature Campmaster						

Write check-in and check-out comments on reverse side of this form

Event Code #6030 Rev 11/16/18