

**QUAPAW AREA COUNCIL - BOY SCOUTS OF AMERICA**

**SHORT TERM CAMP RESERVATION AND PERMIT**

**RESERVATIONS MUST BE MADE THROUGH THE SCOUT SERVICE CENTER IN PERSON, BY MAIL,  
OR BY PHONE AND CONFIRMED TWO WEEKS PRIOR TO ARRIVAL**

3220 Cantrell Rd, Little Rock, AR 72202 - 501-664-4780

**Webelos Den/Troop/Crew/Post# \_\_\_\_\_ District \_\_\_\_\_ Date of Application \_\_\_\_\_**

**Campsite, Facility and or Equipment Requested : \_\_\_\_\_**

**Scheduled Camp Arrival - Week Day \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_**

**Scheduled Camp Departure- Week Day \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_**

**We would like our check out inspection at – Week Day \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_**

**Type of Activity Planned \_\_\_\_\_**

**Anticipated Attendance -# of Youth \_\_\_\_\_ # of adults \_\_\_\_\_**

**Adult Leader in charge while in Camp (must be over 21 Years of age):**

**Name \_\_\_\_\_ Address \_\_\_\_\_**

**City \_\_\_\_\_ Zip code \_\_\_\_\_ H: Phone: \_\_\_\_\_ B: Phone \_\_\_\_\_ C: \_\_\_\_\_**

**Email Address:**

**2<sup>nd</sup> Camp Leader (must be over 18 years of age)**

**Name \_\_\_\_\_ Address \_\_\_\_\_**

**City \_\_\_\_\_ Zip code \_\_\_\_\_ H: Phone \_\_\_\_\_ B: Phone \_\_\_\_\_ C: \_\_\_\_\_**

**Our Unit will do a Camp service Conservation project while in camp Yes \_\_\_\_\_ No \_\_\_\_\_**

**I agree to abide by the camp regulations provided to me. Violation could result in my unit being asked to leave camp.**

**Please complete on the reverse side of this form and turn in to Ranger upon arrival at camp.**

**Signature of adult in charge \_\_\_\_\_**

**Date: \_\_\_\_\_**

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**For office Use only:**

**Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_**

**Ranger notified \_\_\_\_\_ Approved by \_\_\_\_\_**

**Short Term Camping Permit Participant list**

Date of Camp use: \_\_\_\_\_

Unit Type: \_\_\_\_\_ Unit # \_\_\_\_\_

District: \_\_\_\_\_

Leader: \_\_\_\_\_

Leader: \_\_\_\_\_

Leader: \_\_\_\_\_

Leader: \_\_\_\_\_

Leader: \_\_\_\_\_

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