



CAMP KARANKAWA WEEKEND RESERVATION FORM

3249 FM 1459, Sweeny, TX 77480 979-345-3964 574campk@bsamail.org

FOR COUNCIL USE ONLY	
<input type="checkbox"/>	Deposit Paid
<input type="checkbox"/>	Balance Due _____
<input type="checkbox"/>	Paid in Full

- Reservations for individual units are to be made through the Council Service Center at least 14 Days in advance.
- Reservations must be accompanied with a non-refundable deposit of \$35, unless part of Adopt-a-Campsite program.

Primary Use Information

Event Name or Reason of Use: _____

District: Coastal Cradle of Texas Northern Star Thunderbird

Out of Council Unit? If yes, please provide your Council Name: _____ District: _____

Unit Type: Pack Troop Team Crew Post Other: _____ Unit #: _____

Estimated number of campers and attendees: Adults _____ Youth _____ Total: _____

Arrival Date: ___/___/___ Time: ___:___ AM or PM

Friday Check in begins at **4:00 PM**

A Scout is Courteous: If your trip is cancelled or you will be late, please contact the camp as soon as possible.

Departure Date: ___/___/___ Time: ___:___ AM or PM

Sunday check out is to be completed by **11:00 AM**

Our unit would like to provide 2 hours of service to the camp by completing a conservation or maintenance project. If yes, please check the box and indicated the preferred date & time:

___/___/___ Time: ___:___ AM or PM

Unit or Event Leadership

21 Yrs+ Primary Leader: _____ Primary Phone: _____ - _____ - _____

E-Mail: _____ Cell Phone: _____ - _____ - _____

Youth Protection Training Date: ___/___/___ (Must be current)

I have read and will share the Weekend Camp Policy Manual with my unit or event committee. I also understand that violation of the rules and policies by any individual of our reserving may result in the repayment of damages and our group being asked to leave the camp property. _____

Initials

Secondary Leader: _____ Primary Phone: _____ - _____ - _____

E-Mail: _____ Cell Phone: _____ - _____ - _____

Youth Protection Training Date: ___/___/___ (Must be current)

Charter Org Representative: _____ Primary Phone: _____ - _____ - _____

E-Mail: _____ Cell Phone: _____ - _____ - _____

I attest that all of the above information is accurate to the best of my ability and will be the primary point of contact for our unit event while at camp.

_____/_____/_____
Signature Primary Leader Date

Facilities & Equipment Request

Facilities – Fees may apply*

Place an (x) next to the requested facilities

<input type="checkbox"/> Archery Range*	<input type="checkbox"/> Rifle Range*	<input type="checkbox"/> Shotgun Range*	<input type="checkbox"/> 5 Stand Range*	<input type="checkbox"/> Pool*
<input type="checkbox"/> Skeet Range*	<input type="checkbox"/> Council Ring	<input type="checkbox"/> Nature Area/Trail	<input type="checkbox"/> Main Pavilion	
<input type="checkbox"/> Chapel	<input type="checkbox"/> Water Front	<input type="checkbox"/> Cub Pavilion	<input type="checkbox"/> Fort Rooke	

Campsite & Restrooms - For payment, please make check payable to Bay Area Council, BSA and bring it with you to camp.

of Shower House Bathrooms - \$50.00 refundable deposit required per bathroom (*If damage occurs, deposit will be applied toward damage. If damage exceeds deposit, unit will be held liable. Number of available Shower House Bathrooms may be limited by the number of units in camp. Specific sites are assigned upon arrival. Units that have individuals with special needs should contact the camp directly.)

Health & Education Center (HEC) with dining hall and kitchen - For payment, please make check payable to Bay Area Council, BSA and bring it with you to camp.

HEC - \$500.00 refundable deposit required* (*If damage occurs, deposit will be applied toward damage. If damage exceeds deposit, unit will be held liable. Per National Camp School Camp Standards FS-601-606, use of the HEC kitchen and dining hall requires all councils that are hosting a camp which provides food to ensure that its food service personnel meet health and sanitation requirements.)

HEC (excludes kitchen) - \$150.00 per day

HEC (includes kitchen) - \$225.00 per day

Camping Fee - For payment, please mail a check to Bay Area Council, BSA, 3020 53rd Street, Galveston, TX 77551 or call (409) 744-5206.

Fees - There is a \$35 non-refundable deposit that is due at time of reservation.

\$35 – for all Bay Area Council units

\$10 – for all out of Council units, \$10 per person

All program fees include equipment, ammunition and targets - Pay at camp.

Shooting Sports

\$60 Archery Range - 8 bows with 5 arrows each (\$5 per lost or damaged arrow)

Expected # of shooters: _____ Ammo needed: _____

\$100 Rifle Range – 8 .22 rifles with total of 400 rounds

Expected # of shooters: _____ Ammo needed: _____

\$150 Shotgun Range – 4 shotguns with total of 250 rounds and 2 boxes of clays

Expected # of shooters: _____ Ammo needed: _____

Additional rounds and clays available

\$10 – 50ct of .22

\$10 – 25ct of shotgun shells

\$25 – 135ct of clays

Canoes and Rowboats - Pay at camp.

Fees – There is a \$20 refundable deposit per Canoe/Rowboat

\$10 per Canoe/Rowboat per hour, 4 hour minimum

\$20 per Canoe/Rowboat per hour for out of camp use, trailer not included, 4 hour minimum



BOY SCOUTS
OF AMERICA®
BAY AREA COUNCIL

Certifications – Needed at time of reservation

For use of any shooting sports range, you must provide a Range Safety Officer and Instructor with current certification, and follow Shooting Sports Guidelines and Guide to Safe Scouting. For use of any watercraft, you must provide at least 2 adults certified in Safety Afloat and Safe Swim Defense, and all participants must present evidence of passing BSA Swim Test. For use of HEC dining hall and kitchen, you must follow National Camp Standards FS-601-606, including the Texas Food Handler’s Certification for each kitchen worker. For use of pool, you must provide a BSA Lifeguard and adhere to all restrictions in the Guide to Safe Scouting.

Unit Leadership List of Required Items

Signature of the Primary Unit Leader

- We have included all our Required Certifications & Documentations
- We will have on hand the Guide to Safe Scouting when entering the camp.
- We will have on hand our Health Forms and Histories
- We will be traveling with a First Aid Kit
- We have read the Camp Karankawa Policy & Use Manual

Date

DATE:

UNIT TYPE & #

or

GROUP NAME:

PART I— ADULT LEADER ROSTER:

Days in Camp

No.	ADULT NAME	LEADERS POSITION	MOBILE TELEPHONE #	FRI	SAT	SUN
1						
2						
3						
4						
5						
6						
7						
8						

PART II — YOUTH ROSTER:

Days in Camp

No.	YOUTH NAME	RANK / UNIT POSITION	PARENT/GUARD TELEPHONE #	FRI	SAT	SUN
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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