

Prairielands Council Boy Scouts of America

Ph. 217-356-7291
Fax 217-356-7785



CAMP USE APPLICATION

Before completing this form, please call the Council office to confirm campsite availability.

We wish to reserve facilities at **Camp Robert Drake**

10001 E Co Rd 1500 North • Fairmount, IL 61841 Ranger's Ph. 217-427-5243

Pack Unit # _____ Council name _____

Troop Name of non-Scout _____

Crew Group using camp _____

Time & Date

Estimated time of **Arrival** _____ : _____ AM PM Date _____ / _____ / _____

Estimated time of **Departure** _____ : _____ AM PM Date _____ / _____ / _____

Attendance Numbers attending _____ **Youth** and _____ **Adults**

Fees Please make checks payable to: **Boy Scouts of America**

Name of facility / equipment / buildings / camp sites	Rental Fee	Deposit Required
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Mail this Form with Fees **Mail application and fees to:**
Prairielands Council • P.O. Box 6267, Champaign, IL 61826-6267

Check these requirements!

Leaders You **must** have **two deep adult leadership** in attendance at camp as per "Guide to Safe Scouting."

Camp Use Guidelines **I have read** the **Camp Drake Use Guidelines** and **will adhere** to these procedures during my attendance at camp.

Rifle Range Use Units using the Rifle Range **must** abide by the **regulations** in the "Guide to Safe Scouting" pertaining to Rifle Range use!

<p>Adult Leader in charge</p> <p>Name _____</p> <p>Address _____</p> <p>City, St, Zip _____</p> <p>Home Ph. _____</p> <p>Work Ph. _____</p>	<p>2nd Leader</p> <p>Name _____</p> <p>Address _____</p> <p>City, St, Zip _____</p> <p>Home Ph. _____</p> <p>Work Ph. _____</p>
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FOR OFFICE USE ONLY

Date fees rec'd	Date deposit rec'd	Deposit amount	Facility review OK'd	Deposit returned
_____	_____	_____	_____	_____