



LAKE OF THE OZARKS SCOUT RESERVATION APPLICATION FOR SHORT-TERM CAMP USAGE

Great Rivers Council - Boy Scouts of America -1203 Fay Street - Columbia, MO 65201-4719
573-449-2561 or 800-726-8852 online at: www.lotosr.org fax 573-874-6846

This form is required for any group wishing to utilize Lake of the Ozarks Scout Reservation and, for Great Rivers Council units, eliminates the need to file a Tour Plan for the unit activity. Please fill it out completely (print or type please). Information left blank will only delay processing. Facility descriptions and costs are available on the Council website and in the Council Program Guide. **Lake of the Ozarks Scout Reservation is private property owned by the Great Rivers Council, BSA; use of the facility is subject to the consent and approval of the Great Rivers Council which the council may grant or limit or revoke or deny in its absolute discretion.** Payments for usage fees should accompany this application. Deposits will be collected by Ranger or Campmaster at time of check-in and should NOT accompany this application. Acceptable payments include cash, check, Visa, Mastercard, or Discover. Reservations received without appropriate fees will not be processed.

All reservations should be made with the council service center at least two weeks prior to the event. Reservations received less than two weeks prior to requested date may not be approved.

Unit/Organization/Family: _____ Today's date: _____
Person in charge (tour leader): _____ Asst tour leader: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone #s (H): _____ (Alt): _____ email: _____
Alternate Contact Name: _____ Phone: _____ email: _____
Arrival date/time: _____ Departure date/time: _____
Expected number attending - Youth: _____ Adults: _____ Total: _____

All Groups will be required to submit a roster of members in attendance upon arrival at camp

Activity(ies) planned: _____

TRAINING - Certain Scouting activities require specific training on the part of unit leaders. Please document the following training where appropriate:

Youth Protection (all outings) Name _____ Date _____	Safe Swim Defense (all aquatics) Name _____ Date _____
Hazardous Weather (all outings) Name _____ Date _____	Safety Afloat (boating) Name _____ Date _____
BALOO/SLOO (pack campouts) Name _____ Date _____	CPR (climbing & aquatics) Name _____ Exp. Date _____
Climb On Safely (climbing) Name _____ Date _____	
NRA or BSA Camp School (shooting - not approved Cub Scout unit-level activities) Name _____ Training _____ Date _____	

By signing this application the tour leader certifies that appropriate planning has been conducted, qualified and trained supervision is in place, permissions are secured, and he/she has read and has in their possession a copy of *Guide to Safe Scouting* and other appropriate resources. **Tour Leader Signature** _____

Camp Facilities/Program Requested:

___ Fischer Lodge	Cost: \$ _____
___ Parkhurst Staff Lodge	Cost: \$ _____
___ Climbing and Rappelling Tower - Number of Participants _____	Cost: \$ _____
___ Project C.O.P.E. - Number of participants _____	Cost: \$ _____
___ Sailing/Sailmaster	Cost: \$ _____
___ Boats (canoe, row - only for use at camp).....	Cost: \$ _____
___ Staff Cabins	Cost: \$ _____
___ Other: (Please indicate:) _____	Cost: \$ _____
___ Campsites: specific campsite(s) requested: _____	Cost: \$ _____

Total Fees Submitted: \$ _____

FOR COUNCIL USE ONLY

___ / ___ / ___ Approved	___ / ___ / ___ Copy to Ranger/Campmaster
___ / ___ / ___ Denied	___ / ___ / ___ Copy to Camp Book/Calendar
___ / ___ / ___ Confirmation to Applicant	___ / ___ / ___ Copy to Staff Advisor(s)

Fee Received Deposit Required \$ _____