

APPLICATION FOR USE OF CAMP WOODSMOKE

COMPLETE information regarding proposed use of Camp Woodsmoke is required.

Choice Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

ORGANIZATION

Organization Name: _____ Priority Group Number: _____

Person in Charge: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) ____-____ Evening Phone: (____) ____-____

Email Address: _____

SUPERVISORS

Adult supervisors will share responsibility with person in charge. Please list any additional adult supervisors on a separate sheet of paper and attach to this application. **No less than 1 adult supervisor is required for every 8 campers. 1 adult supervisor/5 campers is preferred.** Each cabin must have at least 1 adult present, including night times. Each group must bring food, towels, bed roll or linen, toiletries and first aid supplies.

Name: _____ Address: _____ Phone: (____) ____-____

Name: _____ Address: _____ Phone: (____) ____-____

ATTENDEES

Total Number in Group: _____ Total Number Boys: _____ Age Range: _____ to _____

Total Number Girls: _____ Age Range: _____ to _____

FACILITIES DESIRED

8-person Cabin (7 available)

Dining Hall (80 person max)

Headquarters Cabin

Main Shelter

Infirmary Cabin

10-person Cabin (4 available)

Motor Home Area

Amphitheater

Chapel

Kitchen

Picnic Spots

Primitive Camping

Shelter #2

Shelter #3

Application must be signed by a President or Secretary of a District 25-F Lions Club. The Club accepts responsibility for any damage done by the sponsored group. Application must be made by person in charge who is responsible for the group. **Application to be approved / disapproved by the Camp Woodsmoke Board of Trustees.**

Applicant Signature: _____ Date: _____

President / Secretary Lion Signature: _____ Date: _____

Caretaker Signature: _____ Date: _____