Suwannee River Area Council Boy Scouts of America
2032 Thomasville Rd., Tallahassee, Florida 32308 850-576-4146

APPLICATION FOR USE OF WALLWOOD BOY SCOUT RESERVATION
NON-SCOUT GROUPS ONLY

_____ _____ _____
ORGANIZATION LEADER IN CHARGE DATE

_____
ADDRESS CITY/STATE/ZIP

_____
WORK PHONE HOME PHONE E-MAIL ADDRESS

THE CAMP WILL BE USED FOR:_____

DATES REQUESTED: FROM_____ TO:_____ARRIVING AT:_____A.M._____P.M.

DEPARTING AT:_____A.M. _____P.M. APPROXIMATE # _____

FACITLITIES REQUESTED: **TOTAL COST**

_____ **$**_____

_____ **$**_____

_____ **$**_____

_____ **$**_____

_____ **$**_____

_____NUMBER ATTENDING @ $_____(PER PERSON) $_____

☐ **POOL $100.00 per day ____@ $5.00 / PERSON = $**_____ **$**_____

☐ **ARCHERY $25.00 per day _____@ $2.00 / PERSON = $**_____ **$**_____

TOTAL **$**_____

I have read the procedures on the back for use of Wallwood Boy Scout Reservation and am in agreement. *I am aware that all fees must be paid two weeks in advance.* I am further aware that the Hold Harmless Agreement and Letter of Agreement must accompany this form.

_____ _____
LEADER **SCOUT EXECUTIVE** **DATE APPROVED**