

**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
SCOUT GROUPS ONLY**

UNIT TYPE AND # _____ 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 # _____

FACILITIES REQUESTED:	TOTAL COST
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____ NUMBER ATTENDING @ \$ _____ (PER PERSON) \$ _____

POOL \$60.00 _____ @ \$3.00 / PERSON = \$ _____ \$ _____
per day

ARCHERY \$25.00 _____ @ \$2.00 / PERSON = \$ _____ \$ _____
per day

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 (Only if you are a Non-Scout group.)

LEADER _____ SCOUT EXECUTIVE _____ DATE APPROVED _____