

Application

For use of

Camp Joy

RESERVATIONS MUST BE MADE 1-MONTH PRIOR TO EVENT IN ORDER TO BE APPROVED

Submit to: Okaw Valley Council, Boy Scouts of America, 1801 North 17th Street, Belleville, IL 62226

1.	Name of Group _____			
	Person in Charge _____	Title _____		
	Address _____	Phone (h) _____	(b) _____	
	City _____	State _____	Zip _____	
2.	Purpose of Event _____			
3.	Arrival DATE _____	Hour _____	A.M. _____	P.M. _____
4.	Departure DATE _____	Hour _____	A.M. _____	P.M. _____
5.	Expected Attendance:	Men _____	Women _____	Boys _____ Girls _____

FACILITIES REQUESTED:			
Facilities	Facilities	Campsites	Campsites
<input type="checkbox"/> Dining Hall	<input type="checkbox"/> Archery Range	<input type="checkbox"/> Blackfoot	<input type="checkbox"/> New Hope
<input type="checkbox"/> Showers	<input type="checkbox"/> Rifle Range	<input type="checkbox"/> Neyati	<input type="checkbox"/> Ute
<input type="checkbox"/> Pavilion	<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Sioux
<input type="checkbox"/> Director's Cabin	<input type="checkbox"/> Council Ring	<input type="checkbox"/> Algonquin	<input type="checkbox"/> Seton
<input type="checkbox"/> Trading Post	<input type="checkbox"/> OA Lodge	<input type="checkbox"/> Kickapoo	<input type="checkbox"/> Boone
<input type="checkbox"/> Tower / COPE Course**	<input type="checkbox"/> Boating (*see note)	<input type="checkbox"/> Chippewa	<input type="checkbox"/> Outpost
<input type="checkbox"/> John Rule Lodge (8 person)	<input type="checkbox"/> Swimming (*see note)	<input type="checkbox"/> Iroquois	<input type="checkbox"/> Staff Village
<input type="checkbox"/> Renschen Lodge (8 person)	<input type="checkbox"/> Council Ring		

I am familiar with the Camp Joy facilities, I have read the rules and regulations on the reverse of this form and they are satisfactory for our group. We will be responsible for the facilities, which we use and agree to reimburse the Okaw Valley Council for all reasonable costs and expenses incurred on account of any loss or damage to said facilities and/or equipment. I further hereby represent and warrant that we shall furnish adequate and qualified adult leadership and supervision for each of the facilities our group has requested.

*Use of Aquatic Facilities (Pool, Waterfront and/or Watercraft)- Our group shall be responsible for providing qualified supervision and lifeguards and shall conduct ourselves in a safe prudent manner.

**Use of the Climbling / Rappelling Tower must be approved by the Council COPE Committee and Camping Committee. Certified personal will be assigned by the COPE Committee to conduct the program.

Date Submitted _____

Calendar checked by (office use) _____

Date _____

Person Requesting Facilities Use (Print or Type) _____

Approved by: _____

The ranger to best utilize camp facilities may reassign facilities.
Gary & Helen Renschen, Rangers (618-594-4431)