

Camp Betz Reservation Form

Return completed form to: Calumet Council
8751 Calumet Avenue
Munster, IN 46321
Phone (219) 836-1720
(800) 513-2343
Fax: (219) 836-7973
www.calumetcouncil.org

2/1/2008

Camp Understandings:

1. All activities will conform to **GUIDE TO SAFE SCOUTING** standings.
2. The Scout Oath & Law apply to all in this camp.
3. All vehicles will be parked in the designated parking areas. This is for safety. No violations will be tolerated or permitted unless in the case of an emergency or as designated by the Caretaker or Campmaster.
4. Liquor, Drugs, Pets, Firearms, and Fireworks are prohibited and under a Zero Tolerance Policy.
5. Smoking is not allowed around Scouts or in any buildings at camp.
6. Build fires in properly designated areas and NEVER leave unattended.
7. All camp property, building's, and trees are not to be damaged in any way.
8. Refuse will be placed in the camp dumpsters.
9. Service Projects are encouraged – contact the Caretaker or Campmaster for tools, ideas, and directions, at the Anderson Lodge.
10. Camp Frank S. Betz **Emergency** Phone number 269/471-9429.

Unit leader Signature _____

Waterfront Activities:

1. Swimming, Canoeing, & Boating will be conducted under proper adult supervision.
2. PFD's (personal floatation device) are to be worn by all using boats or canoes.
3. National Council – Boy Scouts of America requirements for waterfront activities will be observed.

Unit Leader Signature _____

Reservation Policy:

1. **Cancellations must be received in writing no less then thirty (30) days prior to arrival at Camp for a refund.**
2. Fees must accompany the application – Faxes & Credit cards accepted (Visa or MasterCard).
3. Phone reservations may be made only if there is money in the unit account or a faxed application & valid credit card.
4. Co-ed groups using the facility will have both male & female adult leadership.
5. Camping Unit Leader will accompany the Campmaster/Caretaker on CHECKOUT inspection before leaving camp.
6. Any damage or breakage will be charged out at cost of replacement to the Unit.

Unit Leader Signature _____

Camp Betz Application Information

2/1/2008

___ Calumet Council
___ Out-of-Council

Unit #: _____ District _____
 ___ Pack _____ Thunderbird District
 ___ Troop _____ Prairie Dunes District
 ___ Crew _____ Nishnabec District
 ___ Other Organization _____ Crossroads District

Date Camp Requested: _____

Leader: _____
 Address: _____
 City: _____ St: _____ ZIP: _____
 Phone (Home): _____ (Work): _____
 Number of Youth: _____ Adults: _____

Property Rental Fees

<u>Cabin w/heat</u>	<u>Cost</u>
___ North Cabin (24)	\$75.00
___ South Cabin (24)	\$75.00
___ Pine Tree Cabin (28)	\$100.00
___ T-bird Lodge (40)	\$150.00

Camp Site = \$10.00 per Night (people)

___ Potawatomi Circle (40)	___ Tenderfoot View (40)
___ White Pine (25)	___ Pokagon Point (30)
___ Small Ravine (25)	___ Linden Shade (25)
___ Hidden Springs (25)	___ Aspen Patch (40)
___ Wildwood Grove (30)	___ Eagle Perch (40)
___ Blue Buckeye (60)	___ Three Squaws (25)
___ Donovan's Glen (30)	

Camp site w/electricity & shelter \$20.00 per night ___ Chapin Ridge (40)

1. Out of Council units add \$60.00 to cabin reservation fee.
2. Non-Scouting Units add \$100.00 to cabin reservation fee
3. Fees do not include Refundable Damage deposit - \$25.00

Equipment Rental (Limited Basis):

	<u>Rental Fee</u>	<u>Replacement Cost</u>
___ Canoes	\$10.00 each	\$470.00
Paddles	Included	\$15.00
PFD's	Included	\$15.00
___ \$50.00 damage deposit (per unit)		

Other Facilities on Camp

Handicraft shelter	\$15.00
Entrance shelter	\$15.00
North Field shelter	\$10.00
Rifle range***	\$20.00
Archery range***	\$15.00

***Certified instructor required

Check-In w/Camp Master/Caretaker

1. Check-in after 6:00 PM Central Time
2. Site inspection w/Camp Master/Caretaker
3. Equipment inspection
4. Car parking in Lot only

Check-out w/Camp Master/Caretaker

1. Checkout after 9:00 A.M. Central Time
2. Site inspection w/Camp Master/Caretaker
3. Equipment inspection
4. Sign checkout report

Camp Service Project: _____ Number of People: _____ Total Hours: _____

*****BELOW FOR OFFICE USE ONLY*****

Fees

Damage Deposit	\$	25.00
Cabin fee	\$	_____
Camping fee	\$	_____
Equipment Fee (Canoes etc.)	\$	_____
Total	\$	_____

Receipt #: _____

Date Received: _____

___ Deposit paid ___ Site Fee paid ___ Service Project

___ Damage Deposit – Returned to; ___ Unit Account, ___ Council check, ___ Held, ___ Forfeited

___ Check – In w/Camp Master/Caretaker ___ Check – Out w/Camp Master/Caretaker

Visa / MasterCard # _____ / _____ / _____ / _____ Exp. ____ / ____