| (For Office Use Only) Group | : Da | ate(s): | C | A | E | 1 |
|-----------------------------|------|---------|---|---|---|---|
| | | | | | | |
| | | | | | | |



Youth Program Request

| DOV CCOUT CDOUDC | Constitution Description | Company District | Deal Trans C | D | | | |
|--|--------------------------|---------------------------|-----------------------|---------------|--|--|--|
| BOY SCOUT GROUPS: | □ Council □ Base | Lamp 🗆 District | □ Pack □ Troop □ C | rew 🗆 Post | | | |
| Unit # (4-digit code): | District: | (| Council (if not NSC): | | | | |
| GROUP/EVENT NAME | : | | | | | | |
| CONTACT INFORMATION: One listed contact must attend the event. BSA Policy requires at least two adult leaders on all trips. The adult leader in charge must be at least 21 years old. Coed Venturing crews must have both male and female leadership. | | | | | | | |
| Lead Contact (attending with group): _ Age 21+ | | | | | | | |
| Phone: | Phone: Email: | | | | | | |
| Address: | ddress: City/State/Zip: | | | | | | |
| | | | | | | | |
| | Phone: Email: | | | | | | |
| □ Check here to indicate if you are also submitting a <u>Scholarship Request Form</u> with this program | | | | | | | |
| PROGRAM INFORMATION: Requested Date: 2nd Choice Dates: | | | | | | | |
| □ Day Program : Start Time (on the hour or ½): Program ID: | | | | | | | |
| □ Lock-in : (Standard schedule of events: 8pm check-in, 8:30-11:30pm activities, 10pm pizza, 8am checkout) | | | | | | | |
| □ Birthday Party/Special Event Package: Event Start Time: Event End Time: | | | | | | | |
| Program ID: | | _ Activity Start Time: | Activity En | d Time: | | | |
| PARTICIPANT INFORMATION: Activity rates and IDs are found in the Youth Program Catalog. | | | | | | | |
| # and Grades of Youth: | | _ # Adult Participants: _ | # Non-Particip | ating Adults: | | | |
| Total # Participants: | x Program | Rate: \$ | = Total Program Cost | t: \$ | | | |
| ROOM RENTAL (OPTIONAL): Start Time (on the hour or ½): End Time: | | | | | | | |
| Please Select (Rate listed are hourly): | | | | | | | |
| Type of Group | □ Classroom | | ☐ Shuttle Room | □ Library | | | |
| Scout | \$24 | \$17 | \$17 | \$17 | | | |
| Youth, Other | \$30 | \$20 | \$20 | \$20 | | | |
| For more information on the amenities and layout of each room, please visit the <u>Facility Rental page</u> of our website. | | | | | | | |
| | | | | | | | |

HOW TO COMPLETE YOUR RESERVATION:

RESERVATION SUMMARY: Program \$_

- 1. **Get two signatures on the back side** of this form to confirm you acknowledge Base Camp's Deposit, Payment & Cancellation Policies.
- 2. **Send this form and a deposit of 50% of the total reservation cost** either by mail to Attn: Base Camp Reservations, Northern Star Scouting, 6202 Bloomington Road, Fort Snelling, MN 55111, by fax to 612-261-2499 or by email to basecamp@northernstar.org with "Base Camp Youth Program Request" in the subject line. Deposits can also be paid over the phone by credit card.

+ Room Rental \$_

3. **Your reservation will not be confirmed until you receive an email confirmation**, which includes a Base Camp Waiver (needed for each participant), a roster, and a deposit invoice (if applicable). We will contact you if we can't accommodate your group's dates or programs. If you do not receive a confirmation email within one week, please contact us.

= Total Cost: \$

| (For Office Use Only) Group | | Date(s): | | CA E |
|--|---|--|---|---|
| | Deposit, Pa | yment & Cancella | ition Policy | |
| RESERVATIONS: Reservations for youth progra also be made at least 14 days | | | the requested program date. | Reservations must |
| (made payable to Northern St accepted. This deposit is forfe rescheduled at least three wee know by calling 612-261-230 | ar Council) or credit c ited if a lesser numbe eks in advance. If the c 1. If the estimated nu | ard payments made over r of participants attend the estimated number of part mber of participants is lo | the estimated number of partic the phone (VISA, MasterCard, ne program. It is transferrable t icipants changes at any time, p wered at least one week ahead es are not charged the program | Discover) are to another date if clease let Base Camp I of the scheduled |
| REMAINING PAYMENTS: The remaining balance is due | upon arrival at Base (| amp by credit card, cash | or check. | |
| CANCELLATIONS: Scheduled programs cancelled Scheduled programs cancelled | | | deposit to a new date within 1 y deposits paid. | calendar year. |
| officially closed, fees will either | np closing will be mad er be transferred to ar and closure status fo | other date within the cal | ctor or Program Director. When endar year or refunded. Infor is is available by calling our w | mation regarding |
| date <u>if the group leader detern</u> event) that they will not be abl 261-2301 (leave a message if | <u>nines conditions to be u</u> e to attend Base Camp no answer) or emailir | unsafe for their activity <u>Al</u> . This can be accomplished g <u>basecamp@northernst</u> | oprove transferring fees paid by ND if they notify Base Camp (bejed by calling the Base Camp on car.org. Unsafe conditions may fee transfers must be submitted | fore the start of the site phone 612-include heavy |
| PROHIBITED ITEMS: Balloon | ıs, scooters/skateboaı | ds, Nerf guns, peanut pro | oducts, open flames, alcohol or | tobacco products. |
| fees, additional charges, and | d any damages) at ch | eck-out by unit check, p | eader will <u>pay all remaining</u> personal check, or credit car Date: | d. |
| Signed: | 1 | Print Name: | Date: _ | |
| • At least one accompanion online at www.mysco Scouting (No. 34416E | nying adult must be co outing.org (takes 20 m o) including transport | ertified in " Youth Protec inutes). Scouting groups ation guidelines. | tion Training " for all scouting will follow guidelines from Tho | g activities. Available e Guide to Safe |
| | | | Expiration Date: | |
| FEES: | b | For Office Use Only | X.T | SC Compine Souris |
| | _ | | , N | |
| • • | Date: | invoice #: | Balance | : |
| CONFIRMATION: | Data | hv | Notog | |
| □ Email □ Phone □ Meeting | Date: | _ by: | Notes: | |

□ Email □ Phone □ Meeting Date:______ by: _____ Notes: _____