

# CAMP KARANKAWA WEEKEND RESERVATION FORM

3249 Fm 1459 Rd., Sweeny, TX 77480 409-744-5206  
Kelly Meacham, kelly.meacham@scouting.org

FOR COUNCIL USE ONLY

\_\_\_\_ Deposit Paid  
\_\_\_\_ Balance Due \_\_\_\_\_  
\_\_\_\_ Paid in Full

*Reservations must be submitted at least 14 days in advance.  
Reservations include a non-refundable deposit of \$35, unless part of Adopt-a-Campsite program.*

Activity/Reason for Use: \_\_\_\_\_

Council: \_\_\_\_\_

District:  Coastal  Cradle of Texas  Northern Star  Thunderbird Other: \_\_\_\_\_

Unit Type:  Pack  Troop  Crew  Post  Ship Other: \_\_\_\_\_ Unit #: \_\_\_\_\_

Estimated number of campers: Adults \_\_\_\_\_ Youth \_\_\_\_\_ Total: \_\_\_\_\_

Arrival Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ AM or PM (Friday check in begins at 4 PM)

Departure Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ AM or PM (Sunday check out by 11 AM)

Our unit would like to provide two hours of service to the camp by completing a conservation or maintenance project. If yes, please indicate the preferred date & time:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ AM or PM

## Unit or Event Leadership

21 Yrs+ Primary Leader: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Youth Protection Training Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Must be current)

I have read and will share the Weekend Camp Policy Manual with my unit or event committee. I also understand that violation of the rules and policies by any individual of our reserving may result in the repayment of damages and our group being asked to leave the camp property. \_\_\_\_\_ (Initials)

## Secondary Leadership

21 Yrs+ Primary Leader: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Youth Protection Training Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Must be current)

Chartered Org Representative: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

I attest that all of the above information is accurate to the best of my ability and will be the primary point of contact for our unit event while at camp.

Primary Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Facilities & Equipment Request**

**Facilities – Fees may apply\***

Place an (x) next to the requested facilities

<input type="checkbox"/> Archery Range*	<input type="checkbox"/> Rifle Range*	<input type="checkbox"/> Shotgun Range*	<input type="checkbox"/> 5 Stand Range*	<input type="checkbox"/> Pool*
<input type="checkbox"/> Skeet Range*	<input type="checkbox"/> Council Ring	<input type="checkbox"/> Nature Area/Trail	<input type="checkbox"/> Main Pavilion	
<input type="checkbox"/> Chapel	<input type="checkbox"/> Water Front	<input type="checkbox"/> Cub Pavilion	<input type="checkbox"/> Fort Rooke	

**Campsite & Restrooms** - For payment, please make check payable to Bay Area Council, BSA and bring it with you to camp.

\_\_\_ # of Shower House Bathrooms - \$50.00 refundable deposit required per bathroom (\*If damage occurs, deposit will be applied toward damage. If damage exceeds deposit, unit will be held liable. Number of available Shower House Bathrooms may be limited by the number of units in camp. Specific sites are assigned upon arrival. Units that have individuals with special needs should contact the camp directly.)

**Health & Education Center (HEC) with dining hall and kitchen** - For payment, please make check payable to Bay Area Council and bring it with you to camp.

HEC - \$500.00 refundable deposit required\* (\*If damage occurs, deposit will be applied toward damage. If damage exceeds deposit, unit will be held liable. Per National Camp School Camp Standards FS-601-606, use of the HEC kitchen and dining hall requires all councils that are hosting a camp which provides food to ensure that its food service personnel meet health and sanitation requirements.)

HEC (excludes kitchen) - \$150.00 per day                       HEC (includes kitchen) - \$225.00 per day

**Camping Fee** - For payment, please mail a check to Bay Area Council, BSA, 3020 53<sup>rd</sup> Street, Galveston, TX 77551 or call (409) 744-5206.

**Fees - There is a \$35 non-refundable deposit that is due at time of reservation.**

\$35 for all Bay Area Council units (non-refundable)  
 \$35 for all out-of-council units (non-refundable) + \$10 per person

**All program fees include equipment, ammunition and targets** - Pay at camp.

**Shooting Sports**

\$60 Archery Range - 8 bows with 5 arrows each (\$5 per lost or damaged arrow)

Expected # of shooters: \_\_\_\_\_ Ammo needed: \_\_\_\_\_

\$100 Rifle Range – 8 .22 rifles with total of 400 rounds

Expected # of shooters: \_\_\_\_\_ Ammo needed: \_\_\_\_\_

\$150 Shotgun Range – 4 shotguns with total of 250 rounds and 2 boxes of clays

Expected # of shooters: \_\_\_\_\_ Ammo needed: \_\_\_\_\_

**Additional rounds and clays available**

\$10 – 50ct of .22  
 \$10 – 25ct of shotgun shells  
 \$25 – 135ct of clays



**Canoes and Rowboats (pay at camp)** - There is a \$20 refundable deposit per Canoe/Rowboat.

Renter is responsible for all damages while canoes are in their possession up to and including full replacement costs.  
 \$10 per Canoe/Rowboat per hour, 4 hour minimum  
 \$20 per Canoe/Rowboat per hour for out of camp use, trailer not included, 4 hour minimum



**Certifications – Needed at time of reservation**

For use of any shooting sports range, you must provide a Range Safety Officer and Instructor with current certification, and follow Shooting Sports Guidelines and Guide to Safe Scouting. For use of any watercraft, you must provide at least 2 adults certified in Safety Afloat and Safe Swim Defense, and all participants must present evidence of passing BSA Swim Test. For use of HEC dining hall and kitchen, you must follow National Camp Standards FS-601-606, including the Texas Food Handler’s Certification for each kitchen worker. For use of pool, you must provide a BSA Lifeguard and adhere to all restrictions in the Guide to Safe Scouting.

Signature of Primary Unit Leader: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Unit Leadership List of Required Items: \_\_\_ We have included all our Required Certifications & Documentations, \_\_\_ We will have on hand the Guide to Safe Scouting, \_\_\_ We will have on hand our Health Forms and Histories \_\_\_ We will be traveling with a First Aid Kit , \_\_\_ We have read the Camp Karankawa Policy & Use Manual

DATE:

UNIT TYPE & #

or

GROUP NAME:

PART I— ADULT LEADER ROSTER:

Days in Camp

No.	ADULT NAME	LEADERS POSITION	MOBILE TELEPHONE #	FRI	SAT	SUN
1						
2						
3						
4						
5						
6						
7						
8						

PART II — YOUTH ROSTER:

Days in Camp

No.	YOUTH NAME	RANK / UNIT POSITION	PARENT/GUARD TELEPHONE #	FRI	SAT	SUN
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

