

**APPLICATION FOR CANOE RENTAL  
AND RELATED EQUIPMENT**

**Chief Cornplanter Council #538**  
**Boy Scouts of America**  
**316 4th Avenue, Warren, Pennsylvania**  
**16365-2320**  
**Phone # 814 723-6700**  
**Fax # 814 723-4008**  
**Email address [ccc.bsa2@verizon.net](mailto:ccc.bsa2@verizon.net)**

**Tim Leichtenberger, Camp Ranger**  
**Camp Olmsted, B.S.A.**  
**3123 Roper Hollow Rd**  
**Russell, PA 16345**  
**Phone # 814 757-8719**  
**Email address [tleich@westpa.net](mailto:tleich@westpa.net)**

NAME _____	PHONE # _____
ADDRESS _____	UNIT # _____
TOWN _____	STATE _____ ZIP CODE _____
Requests the use of _____ canoes, _____ trailer(s), _____ extra PFD's, and _____ extra paddles for a total of \$ _____,	
from date ____/____/____, at time ____ AM / PM	
to date ____/____/____, at time ____ AM / PM.	

In making available this equipment, the Chief Cornplanter Council requires the following:

- Every canoeist must wear a Personal Flotation Device (PFD).
- Only Scouts and leaders qualified as "Scout Swimmers" are permitted to use canoes.
- Leaders are qualified in Safe Swim Defense MUST SHOW CARD.
- Leaders abide by Boy Scouts of America Safety Afloat Program MUST SHOW CARD.
- At least two leaders required for all events.
- All Out-of-council units MUST provide proof of accident insurance coverage with their application.
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EQUIPMENT	IN-COUNCIL UNIT	OUT-OF-COUNCIL UNIT	NON-SCOUT ORGANIZATION
Canoe with 2 lifejackets and 3 paddles	\$5 per Canoe	\$20 per Canoe	\$30 per Canoe
Canoe trailer (holds 7 canoes)	\$5 per Day	\$20 per Day	\$30 per Day
Extra PFD's and paddles	\$1 each per Day	\$1 each per Day	\$1 each per Day

I certify that all requirements have been met and that all precautions will be taken to ensure a safe activity.  
 I will be responsible for all equipment and in the event damage or loss occurs.  
 I will be responsible for the repair or replacement of equipment.

Leader in Charge \_\_\_\_\_ Position \_\_\_\_\_  
please print please print

Address \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip

Leader's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**TOTAL FEES MUST ACCOMPANY APPLICATION**

OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

FEES PAID: \_\_\_\_/\_\_\_\_/\_\_\_\_

RECEIPT # \_\_\_\_\_

APPLICATION APPROVED:  YES  NO

BY: \_\_\_\_\_  
COUNCIL REPRESENTATIVE

CAMP RANGER USE ONLY

ARRIVAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_ AM / PM

DEPARTURE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_ AM / PM

Number \_\_\_\_\_ Youths, Number \_\_\_\_\_ Adults

Condition of Equipment:

\_\_\_\_\_  
RANGER'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE