



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