

# ***YARDS CREEK***

## ***SHORT TERM CAMP USE APPLICATION***

CENTRAL NJ COUNCIL, BSA 4315 US RT. 1 SOUTH MON. JCT. NJ 08852  
COUNCIL OFFICE 609-419-1600 CAMP (908) 362-5374

- FAX RESERVATIONS ARE PERMITTED WITH CREDIT CARD PAYMENT.
- THIS APPLICATION MUST BE IN THE COUNCIL OFFICE AT LEAST EIGHT DAYS PRIOR TO ARRIVAL. **RESERVATIONS ARE ONLY OFFICIAL WHEN THIS APPLICATION IS SIGNED BY AN AUTHORIZED COUNCIL REPRESENTATIVE AND ALL FEES ARE PAID.**
- A 50% REFUND IS ALLOWED ONLY WITH A WRITTEN CANCELLATION THIRTY DAYS PRIOR TO ARRIVAL [NO DATE TRANSFERS ALLOWED]. WEEKEND USE ONLY.
- FEE INCLUDES CONFIRMATION COPY AND POSTAGE FOR THE APPROVED APPLICATION.
- [PLEASE PROVIDE A SELF ADDRESSED ENVELOPE TO ASSURE PROPER MAILING ADDRESS.]
- BSA GROUPS MUST HAVE AN APPROVED LOCAL TOUR PERMIT.
- ALL GROUPS MUST CHECK IN AND OUT WITH THE CAMPMASTER.
- **CAMPSITE CHECK IN TIMES FRIDAY 7 P.M. - 11 P.M.**
- CAMPSITE CHECK OUT TIME NO LATER THAN 1 P.M. SUNDAY

### **PRINT NEATLY**

PLANNED ARRIVAL DAY AND DATE \_\_\_\_\_ TIME OF ARRIVAL \_\_\_\_\_

DEPARTURE DAY AND DATE \_\_\_\_\_

BSA PACK / TROOP / CREW # \_\_\_\_\_ # OF YOUTH \_\_\_\_\_ # OF ADULTS \_\_\_\_\_

LEADER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

DAYTIME AREA CODE + PHONE \_\_\_\_\_

EVENING AREA CODE + PHONE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

SECOND LEADER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DAY PHONE \_\_\_\_\_

IF NON - BSA GROUP, NAME OF ORGANIZATION \_\_\_\_\_  
\* PLEASE LIST AND ATTACH A LISTING OF CAMPER'S ACTIVITIES IN A SEPARATE LETTER.

ALL GROUPS MUST FOLLOW BSA STANDARD OF LEADERSHIP AND YOUTH PROTECTION.

**ALL GROUPS MUST FOLLOW ALL CNJC REGULATIONS - SEE CAMP POLICIES**

### **FACILITY & WEEKEND FEES**

- ( ) LEAN-TO SITE \$30
- ( ) TENT SITE \$15 PREFERENCE OF SITE \_\_\_\_\_
- ( ) PICNIC PAVILION (DAY USE - NO CAMPING) \$30
- ( ) 1/2 DINING HALL \$75
- ( ) ENTIRE DINING HALL \$150

[NO PRIVATE HEATERS ALLOWED IN CAMP]

ENTER FACILITY FEE HERE = \$ \_\_\_\_\_

**I HAVE READ THE RULES AND REGULATIONS LISTED ON THE BACK OF THIS PAGE, AND FULLY ACCEPT ALL REQUIREMENTS AND WILL ASSUME RESPONSIBILITY FOR OUR GROUP ABIDING BY THOSE REQUIREMENTS.**

SIGNATURE OF LEADER IN CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF BSA CMTE CHAIRMAN \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY

COUNCIL REPRESENTATIVE'S APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_