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 Mike Crone – Camp Ranger

**APPLICATION FOR CANOE RENTAL  
 AND RELATED EQUIPMENT**

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.
- **Rental fees are per day fees.**
- **A \$200 deposit is required**
- All Units must leave a copy of your Tour Permit and Float Plan with the Camp Ranger or you will not be permitted to take the canoes. All fees paid will be forfeited.

EQUIPMENT	IN-COUNCIL UNIT	OUT-OF-COUNCIL UNIT	NON-SCOUT ORGANIZATION
Canoe with 2 lifejackets and 3 paddles	\$10 per Canoe per Day	\$30 per Canoe per Day	\$50 per Canoe per Day
Canoe trailer (holds 7 canoes)	\$5 per Day	\$30 per Day	\$50 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