

CAMP ALAFLO REQUEST FORM

Requests should be made at least **2 WEEKS** in advance. Leaders or groups **MUST** check in and out with the **CAMP RANGER** or their **DESIGNEE**. If you must cancel your request you must contact the **Council Office at 334-793-7883** or the **Ranger at 334-894-5662** within **24 hours** prior to arrival. With the completion of this form the Unit/Group agrees to abide by the Leave No Trace Camping. Facilities must be clean and inspected prior to departure. **ANY** damage to camp property while in your use is the responsibility of the primary leader or the Unit/Group they Represent. **NO pets, alcoholic beverages, fireworks or firearms allowed on camp.** Email form to Christopher.Wood2@scouting.org and debbie.fowler@scouting.org for processing and approval.

___ Council Event ___ District Event ___ Unit Event _____ Troop ___ Pack ___ Crew ___ Ship ___ Other

Arrival Date _____ Time _____ Departure Date _____ Time _____

Primary Leader _____ Unit _____ Position _____

Address _____ Phone _____ Email _____

Second Leader _____ Unit _____ Position _____

Address _____ Phone _____ Email _____

Number of Scouts _____ Number of Leaders _____ ALL YPT Trained YES ___ NO ___

Camp Sites

Apache ___ Seminole ___ Adirondack ___ Kiowa ___ Cherokee ___ Cree ___ Chipola ___ 201 Ranch ___ Muskokee ___
Mohawk ___ Menawa ___ Navajo ___ Enfinger ___ Adopted Camp Site YES ___ NO ___

Program Areas

BB ___ Archery ___ Shotgun ___ Rifle ___ Pistol ___ 3D ___ Hawks ___ Slingshot ___ Certified Instructor _____

Swimming ___ Canoes ___ Kayaks ___ Boats ___ Certified Instructor _____

Central Showers ___ Staff Showers ___ Dining Hall ___ OA Lodge ___ Health Lodge ___ Camp Office ___ Proctor ___ Staff 1 ___

Staff 2 ___ Deans ___ Dir Lodge ___ Handicraft ___ Elmore ___ Quartermaster ___ 3Cloud ___ Rawhide ___ OD Skills ___

01/01/2024

CAMP ALAFLO REQUEST FORM

Deposit \$ _____ Date PD _____ Fees \$ _____ Date PD _____

Primary Leader Signature _____ Date _____ Second Leader Signature _____ Date _____

Ranger Signature _____ Date _____ Approve/Disapprove _____ Date Sent to Office _____

Check In

Camp site _____

Issues _____

Program Area _____

Issues _____

Check Out

Camp Site Cleared (Leader Signature) _____ (Ranger Signature) _____

Issues _____

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Program Area Cleared (Leader Signature) _____ (Ranger Signature) _____

Issues _____
