



BOY SCOUTS OF AMERICA®

2017 Day Camp/Family Camp Intent to Operate

Region _____ Area _____

Council name _____ Council number _____

Address _____ City _____ State _____ Zip _____

Scout executive name _____ Email _____ Phone _____

We currently plan on operating _____ day camps during 2017. We currently plan on operating _____ family camps during 2017.

Camp Information

Camp 1 _____

Camp type _____

Starting date _____ Ending date _____

Days per session _____ Number of sessions offered _____ Capacity per session _____ Cost of program _____

Camp director name _____ Email _____ Phone _____

Location of camp _____ State history for 2016: No. of staff _____ No. of participants _____

Camp 2 _____

Camp type _____

Starting date _____ Ending date _____

Days per session _____ Number of sessions offered _____ Capacity per session _____ Cost of program _____

Camp director name _____ Email _____ Phone _____

Location of camp _____ State history for 2016: No. of staff _____ No. of participants _____

Camp 3 _____

Camp type _____

Starting date _____ Ending date _____

Days per session _____ Number of sessions offered _____ Capacity per session _____ Cost of program _____

Camp director name _____ Email _____ Phone _____

Location of camp _____ State history for 2016: No. of staff _____ No. of participants _____

Camp Information (cont.)

Camp 4 _____

Camp type _____

Starting date _____ Ending date _____

Days per session _____ Number of sessions offered _____ Capacity per session _____ Cost of program _____

Camp director name _____ Email _____ Phone _____

Location of camp _____ State history for 2016: No. of staff _____ No. of participants _____

Camp 5 _____

Camp type _____

Starting date _____ Ending date _____

Days per session _____ Number of sessions offered _____ Capacity per session _____ Cost of program _____

Camp director name _____ Email _____ Phone _____

Location of camp _____ State history for 2016: No. of staff _____ No. of participants _____

Camp 6 _____

Camp type _____

Starting date _____ Ending date _____

Days per session _____ Number of sessions offered _____ Capacity per session _____ Cost of program _____

Camp director name _____ Email _____ Phone _____

Location of camp _____ State history for 2016: No. of staff _____ No. of participants _____

Camp 7 _____

Camp type _____

Starting date _____ Ending date _____

Days per session _____ Number of sessions offered _____ Capacity per session _____ Cost of program _____

Camp director name _____ Email _____ Phone _____

Location of camp _____ State history for 2016: No. of staff _____ No. of participants _____

Camp 8 _____

Camp type _____

Starting date _____ Ending date _____

Days per session _____ Number of sessions offered _____ Capacity per session _____ Cost of program _____

Camp director name _____ Email _____ Phone _____

Location of camp _____ State history for 2016: No. of staff _____ No. of participants _____

Camp Information (cont.)

Camp 9 _____

Camp type _____

Starting date _____ Ending date _____

Days per session _____ Number of sessions offered _____ Capacity per session _____ Cost of program _____

Camp director name _____ Email _____ Phone _____

Location of camp _____ State history for 2016: No. of staff _____ No. of participants _____

Camp 10 _____

Camp type _____

Starting date _____ Ending date _____

Days per session _____ Number of sessions offered _____ Capacity per session _____ Cost of program _____

Camp director name _____ Email _____ Phone _____

Location of camp _____ State history for 2016: No. of staff _____ No. of participants _____

Council Day Camp Staff Advisor

First name _____ Last name _____

BSA position _____

Email _____ Phone _____

I certify that the above information is provided on behalf of the _____ council and certify that the information is correct.

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The Outdoor Programs/Properties Team is in receipt of your Intent to Operate form and authorizes you to operate during the start and end dates shown above. We will provide your area's assessment team with this information.

Outdoor Programs/Properties Team

Date

**Save this document as (Council Name—Camp Name—Cub Scout Intent to Operate—2017)
Email to NCAP@Scouting.org by February 15, 2017.**