



BOY SCOUTS OF AMERICA®

2017 Resident Camp Intent to Operate

Region _____ Area _____

Council Name _____ Council Number _____

Address _____ City _____ State _____ Zip _____

Scout Executive Name _____ Email _____ Phone _____

Camp Property Name _____

Address _____ City _____ State _____ Zip _____

Camp Website _____ Do you use social media to promote your camp? Yes No

Camp Programs at Camp Property

Camp 1 _____ No. of Sessions Offered _____ Capacity Per Session _____

Starting Date of Program _____ Ending Date of Program _____

Camp Director Name _____ Email _____ Phone _____

Assessment Date First Choice _____ Assessment Date Second Choice _____

State for 2016: No. of staff _____ No. of participants _____

Fees, in council: Youth \$ _____ Adults \$ _____ Fees, from out of council: Youth \$ _____ Adults \$ _____

Camp 2 _____ No. of Sessions Offered _____ Capacity Per Session _____

Starting Date of Program _____ Ending Date of Program _____

Camp Director Name _____ Email _____ Phone _____

Assessment Date First Choice _____ Assessment Date Second Choice _____

State for 2016: No. of staff _____ No. of participants _____

Fees, in council: Youth \$ _____ Adults \$ _____ Fees, from out of council: Youth \$ _____ Adults \$ _____

Camp 3 _____ No. of Sessions Offered _____ Capacity Per Session _____

Starting Date of Program _____ Ending Date of Program _____

Camp Director Name _____ Email _____ Phone _____

Assessment Date First Choice _____ Assessment Date Second Choice _____

State for 2016: No. of staff _____ No. of participants _____

Fees, in council: Youth \$ _____ Adults \$ _____ Fees, from out of council: Youth \$ _____ Adults \$ _____

2017 Resident Camp Intent to Operate

	Yes	No	Would Like To
All-Terrain Vehicles			
Aquatics Area			
Discovery Scuba			
Fishing (casting)			
Fly-Fishing			
Lake Swimming			
Pool Swimming			
Water Structures			
Boating			
Canoeing			
Kayaking			
Motorboating			
Personal Watercraft			
Rowboats			
Sailing			
Stand Up Paddleboarding			
Waterskiing			
Whitewater Rafting			
Climbing			
Bouldering			
Rock Face			
Tower			
COPE Course			
Cycling			
BMX			
Mountain Bike			
Road Bike			
Horse Program			
Mountain Boarding			
Shooting Sports			
Archery			
Black Powder			
Chalk Ball			
Cowboy Action Shooting			
Flash Ball (LaPorte)			
Multi-gun Airsoft			
Pistol			
Rifle			
Shotgun			
Sporting Arrows			
Trek			
Other (specify)			

2017 Resident Camp Intent to Operate

	Yes	No	Would Like To
Are you using solar power or other reusable energy sources at this property?			
Are you operating any agricultural or livestock operations on this property?			
Are you participating in the BSA Purchasing program?			
Are you interested in purchasing directly with BSA approved partners?			
Do you rent your camp to non-BSA participant groups?			

What phone service do you use for normal camp calls? Land line Cell phones Satellite phones

Do you have Wi-Fi? Yes No If yes, is it Satellite Cable

Council NCAP Volunteer Chair

First Name _____ Last Name _____

Email _____ Phone _____

Council NCAP Staff Advisor

First Name _____ Last Name _____

BSA Position _____

Email _____ Phone _____

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

Scout executive: Please sign electronically and follow the directions below.

Phone

**Save this document as (Council Name—Camp Name—Intent to Operate—2017)
Email to NCAP@Scouting.org by November 30, 2016.**

.....

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—Intent to Operate—2017)
Email to NCAP@Scouting.org by November 30, 2016.**