Camp Bromelsick Reservation Form

Name of Unit or Group	p
Today's Date	Date/s you are requesting to use property
Your Name	
E-mail	Phone number
Address	
Phone number that will	Il be available on the property (not required)
Are you requesting the	e use of the shelter Yes No
	at you would like to camp in (please use the designation from the main Cleary or the numbered designation 206)
Number of people that	you plan to use the property
Name of the person th	at will be on site and responsible for supervision
keys	the property before your arrival then lock it after you leave or provide
Keys to the property in	nclude a keys to the gate, water and bathrooms.
Is your unit interested	in performing a service project on the property. Yes No
If a non scouting organ will be using the prope	nization please give a brief description of your organization and what you erty for

Non Scouting organization need to provide proof of insurance unless this requirement is waived by the Camp Bromelsick Foundation Inc. Committee.