

CAMP BURTON SHORT TERM CAMP RESERVATION

Troop/Pack/Post _____ Request Camp Burton on _____
____ Large Cabin ____ Small Cabin ____ Both Cabins _____ month/day/year

All reservations must be made through the Council Service Center at least two weeks prior to arrival date to clear calendar. All reservations must include this reservation form and the \$20/weekend fee per cabin before they will be considered. A form must be turned in for each weekend requested. NO TELEPHONE RESERVATIONS!

The keys and fire extinguisher must be picked up by 5:00 p.m. on Friday and returned by Tuesday. Any lost keys or locks will incur a \$75 replacement fee.

NO REFUNDS ON CANCELLED DATES. Some units reserve Camp Burton a year in advance. Meanwhile, we are turning other units, who also would like to reserve that weekend, away. We do take into consideration inclement weather conditions that would make camping unsafe for our Scout.

- No writing or carving on the walls, building or trees.
- No chopping wood in the building or anywhere except in ax yard.
- No running in lodge, all games to be played outside (no exceptions). Dust raised inside lodge can cause sick Scouts if they have asthma or bronchitis.
- No chopping standing trees.
- No hanging clothes from stove pipes, stoves or in oven.
- No guns or explosives on scout property.
- NO ALCOHOLIC BEVERAGES ON SCOUT PROPERTY.
- We will leave Camp Burton in better condition than we found it.
- Clean out ashes from stoves and fireplaces when you first come to camp.

CAMP BURTON WATER

As the adult leader in charge of (unit #) _____, I am aware that the well water at Camp Burton has been found to be unsafe for drinking. We will be bringing our own drinking water. I realize we will incur a \$50 fee of all lost keys or locks.

Signed: _____ Date: _____

Number of Scouts in camp _____ Number of adults in camp _____

I have read the short-term camp use policies, I understand them and agree to abide by them completely.

Adult leader in charge _____ Phone _____ Email _____
(signed)

Second adult leader in charge _____ Phone _____
(signed)

MAIL TO: Northeast Iowa Council, BSA
P.O. Box 732
Dubuque, IA 52004-0732

OFFICE USE:

APPROVED: _____ DATE: _____

FEE PAID: _____ RECEIPT # _____