



# CANOE RENTAL APPLICATION

GREAT FALLS COUNCIL, BSA  
Due two weeks before use to the Council Service Center



Select Unit Type:     Pack     Troop     District/Council    Council: \_\_\_\_\_ Unit #: \_\_\_\_\_

**NOTE: CUB SCOUT PACKS ARE ONLY AUTHORIZED TO OPERATE CANOES ON NON-FLOWING CURRENT WATER SUCH AS A POND OR A SMALL LAKE. BSA LIABILITY INSURANCE OR ACCIDENT & SICKNESS INSURANCE DOES NOT COVER VIOLATIONS OF THIS RESTRICTIONS.**

**NOT: BSA INSURANCE DOES NOT COVER CANOES OR TRAILER DURING TRANSPORT. DRIVER/OWNER OF TOW VEHICLE MUST PROVIDE COVERAGE FOR CANOES AND TRAILER WHILE IN TRANSIT.**

Unit Leader attending the outing information

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work / Cell Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Safeguarding Youth Expiration: \_\_\_\_\_

Assistant Unit Leader attending the outing information

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone : \_\_\_\_\_ Work / Cell Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Safeguarding Youth Expiration: \_\_\_\_\_

Training Requirements for On Site Leaders – Required throughout stay at camp

Office Check

Safeguarding Youth Name: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_   
 (CS) BALOO Training Name: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

Special Activity Program Training Requirements for On Site Leaders

Office Check

Safe Swim Defense Name: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_   
 Safety Afloat Name: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_   
 Hazardous Weather: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

*The Short Term Rental application MUST be filed and fees paid in the Council Service Center 2 weeks before the date of the activity, and will be checked at camp by the Camp Ranger*

Requester's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Requester's Signature: \_\_\_\_\_ Unit Position: \_\_\_\_\_

If other than attending leader Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

OFFICE STAFF USE ONLY

Permit Number: \_\_\_\_\_ Emailed to Ranger/Caretaker: \_\_\_\_\_ Paid In Full: \_\_\_\_\_

**PLEASE BRING THIS PERMIT TO CAMP WITH YOU.**

**RENTAL INFORMATION**

Canoes rented as a package only at a rate of \$100.00 per 24-Hour period or portion thereof. This includes 6 canoes, trailer, 18 PFD's, and 18 Paddles.

Dates Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Canoe Packages Requested: \_\_\_\_\_ From:  Camp Gorton  Camp Scouthaven

Driver to initial each box:

- Per day cost based on a 24-Hour period starting at pick up time and ending at the return time. For building rental and fee policies, see the Short Term Facility Rental Application.
- BSA Certification is Required for Safeguarding Youth, Safe Swim Defense, and Safety Afloat. BALOO Training Certification is required for Cub Scout events. Certified person(s) must be present at all times and listed on the application.
- An approved Rental Form must be presented to the Ranger or Designated Individual prior to picking up the canoe trailer. The Camp Ranger or Designated Individual will visually verify the certified individuals on the permit.
- The renting party must provide a 1 7/8" ball hitch with auxiliary wiring package ending in a three female and one male "in line" plug. The Camp Ranger or Designated Individual has the authority to deny the rental if, in his/her opinion, the hitch or wiring are not within safety limits. If unsure about the hook up, contact the Camp Ranger in advance.
- The Renter agrees to pay full replacement costs for any damaged equipment.
- It is the renter's responsibility to inspect canoes, trailer, PFD's, and paddles for damage prior to leaving camp. Report all damages to the Camp Ranger or Designated Individual.
- BSA insurance does not cover damage occurring during towing and transport. The owner of the towing vehicle agrees to insure the trailer and canoes during transport.

Pick Up Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Ranger Int. \_\_\_\_\_

Return Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Ranger Int. \_\_\_\_\_

Signature of Tow Vehicle Owner/Driver: \_\_\_\_\_ Date: \_\_\_\_\_ Ranger Int. \_\_\_\_\_

Tow Vehicle License Plate: \_\_\_\_\_

Tow Vehicle Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**RENTAL FEE PAYMENT INFORMATION**

Payment Method:  Cash  Check  Credit Card  Unit Account – GFC Units Only!

Credit Card:  Master Card  VISA  American Express

Credit Card #: \_\_\_\_\_ CSV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_