

Bashore Scout Reservation  
Climbing Wall Use Application

**Unit Information**

Unit #: \_\_\_\_\_ District/Council: \_\_\_\_\_

Unit Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Unit Leader: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Program Information** (minimum of 10 participants needed)

Youth Participants: \_\_\_\_\_ Adult Participants: \_\_\_\_\_

Primary Dates Desired: \_\_\_\_\_ Backup Dates Desired: \_\_\_\_\_

Time Span Desired: \_\_\_\_\_

Facilities Desired:

Indoor Climbing Wall (Climbing only) \_\_\_\_\_

Outdoor Climbing Wall (Climbing and Rappelling) \_\_\_\_\_

**Climbing Fees are based on the number of participants, facilities requested, and length of time requested. Please complete the fields above and a council representative will contact you with a confirmed date and price quote for your group.**

**A non-refundable deposit is required to commit a date for each program.**

**Office Use Only** \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Approved Program Date: \_\_\_\_\_ Camp Notified: \_\_\_\_\_

Date Agreement Sent: \_\_\_\_\_ Agreement Received: \_\_\_\_\_

Deposit Received: \_\_\_\_\_