1copy to Unit

1copy to Camp Ranger

CANOE RENTAL AGREEMENT AND RESERVATION

PLEASE NOTE: NO RESERVATIONS MAY BE ACCEPTED OVER THE PHONE.

ALL REQUESTS SHALL BE MADE EITHER IN PERSON AT THE SCOUT OFFICE 1450 GREENE ST, SUITE 150 - AUGUSTA, GA 30901 By Fax @ 706-733-0765

or by email to: cwalker@gacacouncil.org

ALL REQUESTS WILL BE HANDLED ON A FIRST COME FIRST SERVED BASIS. PLEASE NOTE: COUNCIL AND DISTRICT EVENTS WILL HAVE PRECEDENCE. PLEASE ALLOW ONE (1) WEEK FOR REQUEST TO BE PROCESSED.

	Date Received:_		Time:_		<u> </u>
Unit	#		Requests the following canoes for the period of		
from (mm/dd/yy)			to (mm/dd/yy)		
Cano	es Paddles		Life Jackets		Canoe Trailers (trailer carries 6 canoes)
Total Fees:		_Date Paid (ı	mm/dd/yy)		(trailer carries o carlocs)
Receipt #					
Pickup time:			Return Time:		
Contact Person:			A MAGNATAN		· + + + + + + + + + + + + + + + + + + +
Phone (H)		_(W)		(M)	
3. Swimmers, an State and Nation 4. We agree to not state and stat		use the safe area of White Council Rep ree to pay for e jackets and , 12 life jacke	ty equipment proving the ewater or Rapids. It is any loss, damage, any loss, damage, and 2 paddles supplets = \$60.00 per 2	ded in accordant ect the equipment, or the cost of relied with each of hour period)	ent on replacing canoe.
Check Out	(Ranger or Cour	oil Barrasan	Signed	<u> </u>	ult Unit Leader Responsible)
a	(naliger of Cour	ю пергезен		•	an come account toops to both
Check In	(Ranger or Cour	ncil Represen	Signed tative)		ult Unit Leader Responsible)
€ Dama	age Cost Assessed and Pai	d: \$			
3. Fill o	ut Completely: 1 copy to Sei	rvice Center			