

**ERIE SHORES COUNCIL  
CAMP ALASKA DECLARATION OF INTENT**

This is to notify that Troop \_\_\_\_\_ of the \_\_\_\_\_ District is planning a Camp Alaska experience to be held on \_\_\_\_\_ at \_\_\_\_\_.

Permits have been applied for and camping fees have been paid. I have contacted the District Camping

Chairman \_\_\_\_\_ Phone # \_\_\_\_\_  
(District Camping Chairman's Name)

# Scouts \_\_\_\_\_

# Adults \_\_\_\_\_

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

Return to: Erie Shores Council  
Boy Scouts of America  
P.O. Box 8728  
Toledo, Ohio 43623

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

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

**Top part completed four weeks in advance and returned to council.**

**ERIE SHORES COUNCIL  
BOY SCOUTS OF AMERICA**

**CAMP ALASKA  
INSPECTION FORM**

(For Inspecting Officer)

An inspection will be conducted while you are at Camp Alaska to confirm completion of all requirements. You will not be rated on the items listed below, but your unit must meet all the necessary requirements for a good experience. **The Inspecting Officer, upon completing the inspection, will share the results with the unit leader and will then submit his report on this form to the Council Camping Committee and Council Service Center.**

Unit #: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

**PROGRAM:**

- \_\_\_ Unit packed in
- \_\_\_ Participants active with a planned program
- \_\_\_ Indications Scouts are having a good experience
- \_\_\_ Planned program available

**SAFETY:**

- \_\_\_ Fires properly built
- \_\_\_ Demonstration of safe wood cutting.
- \_\_\_ Area neatly cleaned (remove all foreign materials)
- \_\_\_ Proper Wilderness First aid training

**HEALTH**

- \_\_\_ Proper food menu prepared
- \_\_\_ Cooking Ind. or buddy system
- \_\_\_ Proper clothing worn
- \_\_\_ Shelter Properly set up
- \_\_\_ Camped in safe shelter 24 hours
- \_\_\_ Advance planning & preparation shown

**SANITATION:**

- \_\_\_ Proper use of latrine
- \_\_\_ Garbage disposal satisfactory
- \_\_\_ Cooking utensils clean
- \_\_\_ Dishes washed, clean and sanitary

**Inspection Officer Name:** \_\_\_\_\_  
Date: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Comment \_\_\_\_\_

Leader/SPL Acknowledgement \_\_\_\_\_

**ENTIRE FORM MUST BE PRESENTED TO THE COUNCIL SERVICE CENTER, FOUR WEEKS IN ADVANCE.  
If not camping at PSR or Camp Miakonda, you must attach a copy of your map detailing the campgrounds.**