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 ________________________________________
(District Camping Chairman’s Name)
# Scouts _______
# Adults _______

Leader: ____________________________   Return to:  Erie Shores Council
Phone: ____________________________            Boy Scouts of America
                            P.O. Box 8728
Leader’s Signature: _____________________________                Toledo, Ohio 43623

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
___ Setting 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.