

2017 Unit Analysis & Special Needs Form

Cachalot Scout Reservation can better serve you and all units in camp if we have some important facts about your Troop. Please fill in the information below.

Troop #: _____ Council: _____ District: _____

Troop's Hometown: _____ Dates Attending: _____

Chartered Organization: _____

Troop Camp Leader: _____

Address: _____

City: _____ State: _____ Zip: _____

Day/Home Phone: _____ Cell Phone: _____

E-mail: _____

If different than Camp Leader above...

Scoutmaster: _____ Cell Phone: _____

Email: _____ Day/Home Phone: _____

<input type="text"/>	Number of registered Scouts in unit
<input type="text"/>	Number of Scouts attending Cachalot
<input type="text"/>	Number of total adults over 21 attending Cachalot
<input type="text"/>	Number of total adults 18-21 attending Cachalot
<input type="text"/>	Number of female leaders attending Cachalot

Special Needs:

Cachalot is committed to accommodating all of your troops needs. However, advance notice is often required. **Please list below any special needs** of Scouts and leaders in your troop that we should know about, including physical disabilities, medical conditions and dietary requirements.

Troop & Patrol Roster for Cachalot

To be turned in with any fee payments, and with merit badge pre-registrations at least two weeks prior to arrival. Please print clearly.

Troop #: _____ Session/Dates: _____ Troop's Hometown: _____

Adult Leaders (list all leaders attending with troop and check days they will be in camp)

	Name	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Scouts

Patrol Name:

	Name	Age	Year in Camp
1			
2			
3			
4			
5			
6			
7			
8			

Patrol Name:

	Name	Age	Year in Camp
1			
2			
3			
4			
5			
6			
7			
8			

Troop & Patrol Roster for Cachalot

Page 2 (if needed)

Scouts

Patrol Name:

	Name	Age	Year in Camp
1			
2			
3			
4			
5			
6			
7			
8			

Patrol Name:

	Name	Age	Year in Camp
1			
2			
3			
4			
5			
6			
7			
8			

Patrol Name:

	Name	Age	Year in Camp
1			
2			
3			
4			
5			
6			
7			
8			

Cachalot Scout Reservation
**Authorization to Release Minors to Persons
Other than the Legal Parent or Guardian**

Due to Boy Scouts of America regulations, Cachalot Scout Reservation cannot release campers who are minors (under 18) to persons other than legal parents or guardians without specific written authorization in advance. If a Scout needs to leave camp at any time during the week, for non-camp related activities, with a person other than a parent or legal guardian, this completed form must be already on file at the camp office. **Otherwise, Scouts will not be allowed to leave camp.**

Camp Session Date: _____ Troop Number: _____

Name of Minor: _____

Name of Camp Troop Leader: _____

Legal Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

I hereby authorize Cachalot Scout Reservation to release the minor listed above to only the following persons for non-emergency transport out of camp. I realize that the release on the BSA medical form authorizes the camp leadership to secure emergency medical treatment - including transportation to appropriate facilities - if needed.

Adults to whom this minor may be released:

Parent(s) or Legal Guardian(s) signature Date

I have reviewed the names listed above and will only allow the Scout to leave with approved adults.

Troop Camp Leader Date

I have received this authorization form which will be kept on file in the camp office. The camp will only release minors to adults approved by parents or guardians on this form.

Camp Director Date

Please duplicate locally and bring completed forms to camp.