

Vicksburg District, INC. B.S.A. – “Known as Camp Wilkerson”

Camp Use Permit:

Council Name: _____ District Name: _____

Pack: _____ Troop: _____ Crew: _____ Other: _____

Contact Name: _____ Phone: _____ Alt Phone: _____

Address _____ State / City / Zip _____

Arriving (mm/dd/yy): _____ Departing (mm/dd/yy): _____ Email: _____

Type of camping requested: Tent: _____ Other: _____

Agreement:

1. Camp Wilkerson is not a part of the Andrew Jackson Council.
2. It is operated and maintained by Troop 7 of Vicksburg.
3. Camping fees are \$4.50/night/person.
4. Tobacco, illegal drugs, alcohol, and fireworks are prohibited.
5. Private firearms and ammunition are prohibited.
6. Campfires are allowed only in designated areas. All fires must be monitored by adults at all times, and must be fully extinguished prior to departure. Trash and garbage must be taken with you on departure.
7. Vicksburg District, INC. B.S.A. does not represent or warrant the condition or suitability of Camp Wilkerson for any particular purpose; the use of the property shall be at the sole liability, cost, risk and expense of those entering upon the property.
8. Vicksburg District, INC. B.S.A. excludes and disclaims any liability for accidents or injuries that may occur during your visit.
8. Use of Camp Wilkerson and entry upon the property is expressly limited to those individuals, both youth and adults, that have on file with their unit a current properly completed and fully signed BSA Health and Medical Record, both Parts A and B, and where applicable, Part C. This requirement is applicable to both registered members of the BSA and non-registered guest of the unit. Request for exceptions may be submitted to the Board prior to arrival.
9. Campers / guests are personally liable for any damages to any facility, activity area, and equipment that may occur during their stay.
10. All activities shall be conducted in accordance with the requirements and limitations of the Guide to Safe Scouting.
11. Camp Wilkerson’s Officers have the authority to expel any group for violating any of the above mentioned rules or other BSA rules and regulations. In this case, no refunds will be given.

I understand and agree to the terms of this Camp Use Permit and the rules and regulations outlined.

Printed Name _____ Signature _____ Date (mm/dd/yy): _____

Youth Male: _____ # Youth Female: _____ # Adults Male: _____ # Adults Female: _____

Total participants: _____ # nights: _____ Amount per night (\$4.50) = Total Due _____

Make checks payable to BSA Troop 7 (Camp Wilkerson)

Mail to: Boy Scout Troop 7
c/o Johnny “MO” Nassour
P.O. Box 820425
Vicksburg, MS 39182-0425

Contact #: Johnny “MO” Cell (601)-618-7879 – Greg Evans Cell: (601)-218-0759 (PRINT FORM)