



Event Facilities Request (Council Events Only) YEAR: _____

Event: _____

Course Date: _____ **Development Dates:** _____

Facility: *Camp Durant:* _____ *Camp Reeves:* _____ *Camp Campbell:* _____

Facilities Coordinator: _____ **Phone:** _____

Email: _____

Course Director: _____ **Phone:** _____

Email: _____

Staff Adviser: _____ **email:** _____ **Phone:** _____

Course Facilities Request: _____ **Date:** _____

Please list **only the areas** that you will require to conduct your course.

Staff Development Facilities Request: _____ **Date:** _____

Staff Development Facilities Request: _____ **Date:** _____

Staff Development Facilities Request: _____ **Date:** _____
