

Request For Camping
Patuxent Research Refuge - North Tract

1. Troop/Pack Number _____
2. Organization Name _____
3. Point of Contact:
Name: _____
Address: _____
City, State: _____

Phone Number: Home _____ Work _____ Cell _____
4. Dates Requested: 1st Choice _____ 2nd Choice _____
5. Estimated Time of Arrival: Date _____ Time _____ (Friday, between 5 – 7pm)
6. Estimated Time of Departure: Date _____ Time _____ (Sunday, between 10am – 12pm)
7. Total Number of Campers: Adults _____ Scouts _____
8. Purpose of Visit: _____
9. Special Needs? _____
10. Depending on staff or volunteer availability, we may be able to offer a nature hike/talk for your group on Saturday between 10am and 12pm. Is the group interested? Yes _____ No _____
Note: Tram tours are also available at the National Wildlife Visitor Center.
11. Will the group be fishing during your visit? Yes _____ No _____
MD Non-Tidal Fishing License Number: _____
(Please provide a copy of your fishing license if available.)

Office Use Only:

Approval Date

I had read, understand, and agree to abide by the Scout Camping Guidelines. I will assume full responsibility for all members of the camping group while they are on Refuge property and ensure that all members adhere to said guidelines. I understand that non-adherence to the Scout Camping Guidelines may result in the loss of existing and future camping privileges.

NAME (PLEASE PRINT)

SIGNATURE

DATE

please return this form by mail or fax to:

Fax: 301-776-4671

Phone #: 301-776-3090

Patuxent Research Refuge
230 Bald Eagle Drive
Laurel, MD 20724-3000