

**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:            1<sup>st</sup> Choice \_\_\_\_\_            2<sup>nd</sup> 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: 301-497-5733

Phone #: 301-497-5770

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