

## Great Trails Council - Request for Use of Mobile Climbing Wall

This form is for requesting the use of the Council Climbing Wall and should be filled out and turned in to the council office a minimum of six (6) weeks prior to the date requested. Requests will be evaluated and the unit will be notified in writing if approved. Please do not advertise wall use until you receive confirmation of its availability.

**Do not assume all requests will be granted.** There may be issues with equipment scheduling or required climbing staff availability. Before a request can be confirmed, sufficient BSA trained and certified Climbing Directors/Instructors must be available to supervise and operate the wall and the climbing program for which the wall is being requested.

The unit requesting use shall provide the following on the scheduled day of use:

A. 4-6 adults, older teens or scouts who will assist with harnesses, helmets, crowd control and safety spotting as directed by the Climbing Directors/Instructors.

B. Troop/Pack/Crew leaders who are to be available on-site during wall operational hours to perform scouting recruitment and interface with the general public if this event is open to the general public

C. A level open area 100 ft by 40 ft in size with vehicle access for towing vehicle to deliver, position and remove the wall. The area must be free of all overhead obstructions (wires, trees etc) for wall setup and away from roadways, noise or distracting environments. Drinking water and restroom facilities shall be within reasonable distance from the site.

----- tear off and submit the bottom portion, keep the upper portion for your records -----

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Please print legibly or type

Troop/Pack/Crew# \_\_\_\_\_ Date wall is to be used: \_\_\_/\_\_\_/\_\_\_ Times- Start \_\_\_:\_\_\_AM/PM End \_\_\_:\_\_\_AM/PM

Are any unit leaders or volunteers BSA trained in climbing/rappelling or as belayers (Y/N) \_\_\_\_\_ how many \_\_\_\_\_

Will they be available on wall use day ? (Y/N) \_\_\_\_\_ who and when \_\_\_\_\_

Estimated number of participants who will be attempting to climb \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone: Day:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: # & Street \_\_\_\_\_ Apt # \_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for requesting wall use (intended purpose- unit event, public recruitment, etc) \_\_\_\_\_

I have read and understand the requirements/limitations for the requested use of the Great Trails Council Mobile Climbing Wall and am submitting this request in accordance with those requirements/limitations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

-----area below for council use only -----

date received \_\_\_/\_\_\_/\_\_\_ approved by \_\_\_\_\_ date approved. \_\_\_/\_\_\_/\_\_\_

Climbing Director in charge \_\_\_\_\_ Assistant Director \_\_\_\_\_

Additional climbing staff \_\_\_\_\_