



NCAP Short-Term Authorization & Assessment Declaration

Part A – Authorization – to be submitted 90 days prior to event

Camp / Event / Activity Title: _____

Date(s) of Event: _____

Camp / Event / Activity Description: _____

Event Coordinated by: (Council / District / Other) _____

Location: _____

For Non-Council Camp Properties, Attach NCAP Site Appraisal Form

Primary Contact for this Activity: _____

Phone Number: _____ Email: _____

Attendance Open to: (check all that apply) ___ Cub Scouts ___ Scouts BSA ___ Sea Scouts
___ Venturing ___ Adults ___ Families ___ General Public

Activities to be offered include: (check all that apply)
___ Transporting Youth (carpooling) ___ Food Service ___ Trek

___ *Aquatics - Reviewed & Approved by Aquatics Committee _____

___ *Shooting Sports - Reviewed & Approved by Shooting Sports Committee _____

___ *Climbing - Reviewed & Approved by Climbing Committee _____

The council has reviewed the above and any attached information. The council verifies that this event will be conducted in accordance with the BSA National Camp Standards and within the council's Authorization to Operate. We authorize this event at this location on the stated date(s).

District / Council Professional / Date Signed

Council Program Director / Date Signed

NCAP Short-Term Administrator / Date Signed

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Part B – On-Site Assessment Declaration – to be completed on-site

We have reviewed the National Camp Standards applicable for this camp at the time of its opening and verify that the event was compliant with the BSA National Camp Standards.

_____ No Deviations _____ Deviations / Non-Compliant (attach list with corrective action plan)

NCAP Short-Term Assessment Lead

Date Signed