

Western Massachusetts Council, BSA - Request for Use of Mobile Climbing Wall

Western Massachusetts Council, Suite 5, 1 Arch Rd, Westfield MA 01085 FAX: 413-562-1041

Requests for use of the Council Climbing Wall should be completed and submitted a minimum of six (6) weeks prior to the date requested. A minimum \$100 to cover towing and Massachusetts inspection fees will be charged; determination of the actual fee will be determined based on the nature of the event (eg, recruitment, non-BSA, fundraising, etc).

Do not advertise your event until confirmation is received that staff and equipment are available for your request.

Do not assume all requests will be granted. Besides equipment scheduling, volunteer BSA Climbing Directors/Instructors to supervise and operate the wall and climbing program must be available.

Requestors are responsible for the following on the scheduled day of use:

1. 4-6 adults or older teens who will assist with harnesses, helmets, crowd control and safety spotting as directed by the Climbing Directors/Instructors
2. If requestor is a BSA unit, leaders are expected to be on-site during wall operational hours to perform Scouting recruitment and interface with the public if this event is open to the public.
3. A level open area 100 ft by 40 ft in size with vehicle access for the 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, excessive noise or distracting environments.
4. Drinking water and restroom facilities within reasonable distance from the site must be available.

----- Complete the information below and submit it to the Council Service Center **after making a copy** for your records -----

Please print legibly

PACK TROOP CREW # _____ or non-BSA organization _____

Date/Time wall is to be used: ____/____/____ from _____ to _____

Please list any unit ***BSA Climbing Instructors or belayers*** who will be available to staff your event and when (entire time, or specific hours):

Estimated number of participants _____

Contact Person _____

Phone: Day () _____ Evening:() _____ Cell:() _____

EVENT Address (*we must have a street address*) :

Street _____

City _____ State _____ Zip _____

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

Will admission to event be charged: Yes No Will climbers be charged: Yes No

I have read and understand the requirements and limitations and that the Western Massachusetts Council reserves the right to withdraw any confirmations.

Signed _____ Date _____

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

date received: _____ approved by _____ date approved: _____

Requester notified on _____ by _____

Climbing Director in charge _____ Assistant Director _____

Additional climbing staff _____

State inspection request sent in on _____