



Trail Bikes Reservation Form

Loren S. Riggins, Jr. Scout Resource Center

4468 South Main Road, Millville, NJ 08332
856-327-1700

Rowan Scout Resource Center

693 Rancocas Road, Westampton, NJ08060
609.261.5850

Unit/Group: _____ Dates Requested: ___/___/20___ to ___/___/20___

Number of Bikes requested: _____ (Max: 16) @ \$5.00/ea = \$_____.00 Total Due

Trek Leader Name: _____

Phone: (_____) _____ - _____ Unit Leader Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Rules for Trail Bike use:

- The bikes are not intended for off facility use. They must be used in conjunction with a bike hike that originates from or concludes at Pine Tree Education & Environmental Center.
- Helmets must be worn by all participants.
- Bikes will be safety and damage inspected before and after use by the Campmaster and Hike Leader.
- Units will be responsible for damage and unreturned bikes.

I agree to be responsible for all equipment rented. I agree to follow all rules as outlined in the Guide to Safe Scouting

Signature: _____ Date: _____ / _____ / 20_____

If the Unit leader is not the same person who will be leading the group, please complete the following:

Unit Leader Name: _____

Phone: (_____) _____ - _____ Unit Leader Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____



Completed forms may be sent to either of the Scout Service Centers listed above.

----- For Office Use Only Below Line -----

Form Received: Yes

Payment Received: Yes

Date: ___/___/20___

Date: ___/___/20___

Receipt #: _____

Received By: _____

Received By: _____

Account #: =900301

