



**Girl Scouts Carolinas Peaks to Piedmont**  
**INITIAL SERVICE UNIT CAMPOREE RESERVATION REQUEST FORM**  
 8818 W. Market Street, Colfax, NC 27235  
 Phone: 336-274-8491 Toll Free: 1-800-672-2148 Fax: 336-369-7476

**TO REGISTER:**

1. Complete this form and return 13 months prior to date of first choice.
2. Complete the Request for Controlled Risk Program Areas Form, if you are planning to use any of the controlled program areas.
3. All confirmation and information will be sent prior to the camp.

**PLEASE NOTE:**

1. Leaders are required to adhere to *Safety-Wise* standards, GSCP2P guidelines and volunteer policies.
2. Questions regarding reservation, please contact the respective Camporee Director.

**GENERAL INFORMATION**

Troop #	Program Level (Please circle): D BR JR CD SR AM	Service Unit #	E-mail Address		
Leader's Name (Person-in-Charge)		Home Phone # ( )	Work Phone # ( )		
Address	City	State	Zip Code	Cell Phone # ( )	
Transportation <input type="checkbox"/> Leader's/Parent's vehicle <input type="checkbox"/> Borrowed vehicle <input type="checkbox"/> Leased vehicle					
# Girls	# Women	# Men	# Tag-a-longs ( <i>Approval &amp; Hold Harmless Release Form required</i> ):		TOTAL

**CERTIFICATIONS**

Required Outdoor-Trained Adult	<input type="radio"/> Overnight	Home Phone # ( )	<b>For Office Use Only</b> <b>CERTIFICATION</b>  ROTA <input type="checkbox"/> on file <input type="checkbox"/> pending AOTA <input type="checkbox"/> on file <input type="checkbox"/> pending RCCFA <input type="checkbox"/> on file <input type="checkbox"/> pending ACCFA <input type="checkbox"/> on file <input type="checkbox"/> pending
Alternate Outdoor-Trained Adult (Optional)	<input type="radio"/> Overnight	Home Phone # ( )	
Required Currently Certified First Aider (First Aid & CPR)	Certification is ( ) on file ( ) attached	Home Phone # ( )	
Alternate Currently Certified First Aider (Optional)	Certification is ( ) on file ( ) attached	Home Phone # ( )	

**CAMP RESERVATION**

# of Days/Nights	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	Program Areas Preferred	
	Camp Name	Camp Name	Camp Name	Controlled Program Areas* (needs Facilitators)	General Camp Areas
<b>Date Request</b>	Unit Choices	Unit Choices	Unit Choices	<input type="checkbox"/> Alpine Tower* <input type="checkbox"/> Alpine Swing* <input type="checkbox"/> Archery* <input type="checkbox"/> Canoeing/Kayaking* <input type="checkbox"/> Challenge Course* <input type="checkbox"/> Climbing Wall* <input type="checkbox"/> Lake Swimming* <input type="checkbox"/> Paddle Boat* <input type="checkbox"/> Pool*	<input type="checkbox"/> Amphitheater <input type="checkbox"/> Fishing <input type="checkbox"/> Games Field <input type="checkbox"/> Geo-Caching <input type="checkbox"/> Mini Golf <input type="checkbox"/> Nature Center <input type="checkbox"/> Night Hike <input type="checkbox"/> Orienteering <input type="checkbox"/> Parachute/Earth ball <input type="checkbox"/> Program House <input type="checkbox"/> Sports Court
1 <sup>st</sup> Choice	1. _____	1. _____	1. _____		
2 <sup>nd</sup> Choice	2. _____	2. _____	2. _____		
3 <sup>rd</sup> Choice	3. _____	3. _____	3. _____		
Arrival Time: : ( ) am ( ) pm					
Departure Time: : ( ) am ( ) pm					

**PAYMENT**

PAYMENT METHOD: <input type="checkbox"/> CHECK/MO <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD ( <i>MasterCard or Visa or American Express</i> )		
CARDHOLDER NAME: _____		
ACCOUNT # : _____ / _____ / _____ / _____	EXP DATE (mo/yr)	CVV #: (3-digit # on the back side of card or 4-digit # on the front of AmEx card)
BILLING ADDRESS (if different from above): _____		
CARDHOLDER SIGNATURE: _____		

**STATEMENT OF AGREEMENT** (*Please read carefully before signing*)

*I have reviewed the standards in **Safety-Wise** regarding troop camping to update myself on the council procedures and information regarding the camp and facilities requested. I accept the responsibility for my troop/group to properly use and care for the facilities and equipment and agree to abide by all council policies. On sites with or without a Ranger or Program Director, my group will follow the check-in and check-out procedures. I understand that fees are set per unit per day/night as determined by check-in/out times.*

**SIGNATURE** (Person-in-Charge) \_\_\_\_\_

**DATE:** \_\_\_\_\_

FOR OFFICE USE ONLY - Billing Information					
Confirmation Packet	Action			Status of Request	
Mailed	Date Received:	Date Considered:	Camp Booked:	Date:	Other: