Girl Scouts.

Girl Scouts Carolinas Peaks to Piedmont

TROOP CAMP RESERVATION FORM

8818 W. Market Street, Colfax, NC 27235 (Fax: 336-369-7476)

TO REGISTER:

1. Complete this form and return it with the Unit Fee of your 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. NO REGISTRATION will be accepted by FAX unless paid for by Credit Card.
4. ALL Fees MUST be paid in FULL at the time of registration.
5. All confirmation and information will be sent prior to the camp.

PLEASE NOTE:

1. RESERVATION Request can be made up to 90 days prior to your 1st choice
2. No refunds or transfer of funds within 4 weeks of your approved camp date – *NO EXCEPTIONS*
3. Leaders are required to adhere to *SAFETY-WISE* standards, GSCP2P guidelines and volunteer policies.
4. Questions regarding reservation, please contact Glenda Foust at 336.369.7447 or 1.800.672.2148 ext 3125

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: [ ] Leader's/Parent's vehicle [ ] *Borrowed vehicle [ ] *Leased vehicle				*See "Going Places" for required forms	
# Girls:	# Women:	# Men:	# Tag-a-longs (*Approval & Hold Harmless Release Form Required*):		TOTAL:

CERTIFICATIONS

Required Outdoor-Trained Adult:	○ Overnight ○ Camping	Home Phone #: ( )
Alternate Outdoor-Trained Adult (Optional):	○ Overnight ○ Camping	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 #: ( )

For Office Use Only
CERTIFICATION

ROTA [ ]on file [ ]pending
AOTA [ ]on file [ ]pending
RCCFA [ ]on file [ ]pending
ACCFA [ ]on file [ ]pending

CAMP RESERVATION

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

PAYMENT

PAYMENT METHOD: ____CHECK/MO ____CASH ____CREDIT CARD *(MasterCard or Visa or American Express)*

CARD HOLDER 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):

CARD HOLDER SIGNATURE:

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

*I have reviewed the standards in **Safety-Wise** regarding troop camping and have reviewed the current Camping Opportunities 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 as outlined in "Camping Opportunities." I understand that fees are set per unit per day/night as determined by check-in/out times.*

SIGNATURE (Person-in-Charge) _____ **DATE:** _____

Mailings
Confirmation mailed

FOR OFFICE USE ONLY - Billing Information
Unit Name unit fee of $ X #days/nights = $

Unit Fee Received			Amount Returned		Additional Fees Due		Additional Fees Paid		
Amt.	Date	Receipt #	Amt.	Date	Amt.	Date	Amt.	Date	Receipt #