



TROOP CAMP RESERVATION REQUEST

Submit completed form and the full unit fee of your first choice campsite by scan/e-mail, regular mail, or by fax. Please note that faxed and e-mailed requests must include a credit card.

Mail to: Camping Services Manager, Triad Service Center, 8818 West Market Street, Colfax NC 27235

Fax (336)369-7476 Phone (336)274-8491 x3109

E-mail: outdoorcamping@girlscoutsp2p.org

Adult in charge _____ E-mail _____

Address _____ Cell Phone _____

_____ Evening Phone _____

Troop's County _____ SU# _____ Troop # _____

Payment Method: ___ Cash ___ Check (payable to GSCP2P) ___ Credit Card Amount Authorized (total in full) _____

Name on Card: _____ Billing Address _____

Account ____/____/____/____ EXP ____/____ CVV Code on back _____

	Camp	Check In Date	Check Out Date	Campsite/Unit Request	Campsite Fees Due
1 st choice					
2 nd choice					
3 rd choice					

Please note that all *reservations are for the full weekend* (3 p.m. Friday to 3 p.m. Sunday) however please enter

Planned arrival time _____ Planned departure time _____

Certified CPR/First Aider _____ Valid until _____

Camp Trained Adult _____ Date of training _____

→ **Overnight License or Camping License**

Numbers: ___ Daisy ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Ambassador ___ Adult Women ___ Men

Any special needs or accommodations the camp staff should be aware of? ___ No ___ Yes

I have reviewed the standards for camping in Safety Activity Checkpoints and Volunteer Essentials and agree to comply with all guidelines, procedures, and policies regarding the cam, facilities, and equipment. I accept the responsibility for my troop/group to properly use and care for all facilities and equipment. My group will follow check-in and check-out procedures. We will have a currently certified adult for First Aid/CPR and Outdoor Training present and on-site with our group for the duration of our stay. I understand if this reservation needs to be cancelled; a camping credit will be issued. If the request to cancel is recieved within eight weeks of the arrival dates, no credit, refund or transfer will be given.

REQUIRED Signature _____ Date _____