



# Outdoor Reservation: Service Unit Camping

Please complete this form to request overnight service unit camping. Refer to the council website for processing dates, fees, procedures and specific camp information. Submit one event request per form. Please allow 4 to 6 weeks for confirmation.

Site will be used for (Check all that apply):  Day Use  Overnight Today's Date: \_\_\_\_\_

Event Leader \_\_\_\_\_ Service Unit: \_\_\_\_\_  
 Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Cell: Phone: \_\_\_\_\_  
 Secondary Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide first, second and third choices of date, camp, and facility.** *Listing three choices increases the likelihood of being placed.*

Name of Camp	Camp Tongawood	Camp Prairie Schooner
Check-in date (1 <sup>st</sup> choice): _____	Check-out date: _____	Arrival time: _____ Departure time: _____
Check-in date (2 <sup>nd</sup> choice): _____	Check-out date: _____	Arrival time: _____ Departure time: _____
Check-in date (3 <sup>rd</sup> choice): _____	Check-out date: _____	Arrival time: _____ Departure time: _____
<b>Need wheelchair accessible facility?</b> Yes No <span style="border: 1px solid black; padding: 2px;">Earliest check-in time is 3pm and latest checkout time is 2pm on the last day of an overnight stay.</span>		
<b>Facility:</b> List buildings or units requested. For more information on available facilities, visit <a href="http://gsksmo.org">gsksmo.org</a>		
1 _____	3 _____	5 _____ 7 _____ 9 _____
2 _____	4 _____	6 _____ 8 _____ 10 _____
<b>Commercial Kitchen Request (CPS Only)</b> <input type="checkbox"/> Yes, we want to reserve the commercial kitchen for food preparation.		
<b>(Food handler's permit required)</b> Date: _____ Start time: _____ Date: _____ End time: _____		

**Estimated number of attendees is required in order for your reservation to be processed.**

**Number of Girl Scouts** \_\_\_\_\_ Daisy \_\_\_\_\_ Brownie \_\_\_\_\_ Junior \_\_\_\_\_ Cadette \_\_\_\_\_  
 \_\_\_\_\_ Senior \_\_\_\_\_ Ambassador \_\_\_\_\_ Adult \_\_\_\_\_

**Number of Non-Girl Scouts** \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_ **Total number of Girls and Adults** \_\_\_\_\_

**(Supplementary insurance must be purchased to cover non-members. Girls ages 5-17 must register as Girl Scouts.)**

Names of trained adults will be required with final payment.	
Camping 101 (Building camping)	_____
Camping 102 (Unit camping)	_____
Certified First Aider is	_____ Date Certification Expires _____
Certified Adult CPR is	_____ Date Certification Expires _____
Name of Event Coordinator	_____
I know, understand and agree to observe all safety principles and sound youth development practices while leading this activity.	

## Fees and Payment

- \$50 non-refundable deposit is due upon reservation along with Service Unit Camping Form
- Final camp site reservations are due 90 days prior to camping date
- Final payment for reserved camp sites are due 30 days prior to camping date, less the \$50 deposit.
- Any camp sites without full payment 30 days prior to camping date will be released to allow reservation for troop camping for those dates.
- **Refund Policy:** Please refer to the website [gsksmo.org](http://gsksmo.org) for the refund policy

<b>Any troops using magazine credits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Cash or check attached for deposit	Charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover Amount \$ _____
Credit Card Number _____	Exp. Date: _____
Card Holder's Name _____	CVS code on back: _____
Card Holder's Signature _____	Billing Zip Code: _____