

GIRL SCOUTS OF CONNECTICUT

www.gsofct.org



SITE RESERVATION APPLICATION FOR OUTSIDE USER GROUPS

- Days Use, Sleepovers, Overnights and Camping
- In addition to this form, applicant must submit the *Hold Harmless Agreement*, a *Certificate of Liability* naming Girl Scouts of Connecticut, Inc. as an additional insured, and the applicable *Refundable Security Deposit*
- If Waterfront Activity is planned, you **MUST** have approval from Outdoor Program and a Certified Lifeguard (18 years of age or older). Copies of the front and back of their certification must be mailed 30 days before activity for approval to be given.
- All applications, including fees, must be turned in to the office **three weeks** prior to use date.

Mail completed registration and payment to:

**Girl Scouts of Connecticut
Property Department
20 Washington Avenue
North Haven, CT 06473**

Phone (203)239-2922 Fax (203)239-7220

Name of individual submitting application		Name of Group/Company	
Mailing Address	City	State	Zip code
Home Phone	Cell Phone	Work Phone	
Email			# of Attendees
Name of First Aider in Attendance	First Aid Certification Expiration Date	CPR Certification Expiration Date	

Site Use Reservation

Date(s)	Arrival/Departure Time	Name of Program Center	Name of Site and Facility
First Choice			
Second Choice			
Third Choice			
Specialty Areas/ Equipment	<input type="checkbox"/> Ropes Course <input type="checkbox"/> Climbing Wall <input type="checkbox"/> Small Water Crafts <input type="checkbox"/> Archery <input type="checkbox"/> Other _____ <i>(Price and availability to be determined by Outdoor Program Department)</i>		

Please Complete the table below to determine site fees.

Explanation	Fee per person per day	X Total # of Attendees	= Total Fee
Registered members of other Girl Scout or Boy Scout Councils (+ \$100 refundable security deposit)	\$12.00 X	_____	= \$ _____
Outside User Group (+ \$200 refundable security deposit)	\$20.00 X	_____	= \$ _____

Payment Information

<input type="checkbox"/> Credit Card (Mandatory for online or fax reservations)		<input type="checkbox"/> Enclosed Check (Payable to GSofCT)	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX		Total Event Fees:	
Name on Account		Total Enclosed:	
Account Number	Expiration Date (mm/yy)	Signature:	

★ All Applicants to Complete

I have read and will comply with the policies and standards of Girl Scouts of the USA, Safety Wise, and Girl Scouts of Connecticut, Inc. I will submit a Program Center Evaluation to the Properties Department within 2 weeks of site usage.

Signature: _____

Date: _____

PLEASE CALL IF CONFIRMATION IS NOT RECEIVED WITHIN A REASONABLE LENGTH OF TIME

DO NOT WRITE BELOW THIS LINE—FOR COUNCIL USE ONLY

<input type="checkbox"/> Director of Property Services' Approval Granted		<input type="checkbox"/> Director of Property Services' Approval Withheld	
Signature:		Date:	
Additional Comments or Reasons for Withholding Approval:			