

GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770



SITE RESERVATION APPLICATION FOR GSOFCT USERS

- Day or overnight use, Troop Camping, Camporees/Encampments, Specialty Program Activity Areas (ropes course, climbing wall, waterfront, etc.) *Check-in/out is 3 p.m.
- Make three (3) copies of form. Give a stamped envelope (addressed to the Registration Dept. in North Haven), and all three copies with your site fee and deposit (if applicable) to your Service Unit Manager, who will sign and distribute one form each to Service Unit and troop; and then mail the remaining form and check (for fee plus deposit, if applicable) to the Registration Department in North Haven.
- All applications, including fees and Lifeguard or Facilitator certification, must be received by the Registration Department **three (3) weeks** prior to use date.

Mail completed registration and payment/s to:
Girl Scouts of Connecticut
Registration Department
20 Washington Avenue
North Haven, CT 06473
Phone (203) 239-2922 Fax (203) 239-7220

Faxed or mailed form with credit card info will have \$50 deposit (if applicable) included in the initial credit card charge.

Troop Advisor/Leader Name		Troop/Group #	Service Unit	
Mailing Address		City	ST	Zip
Home Phone	Cell Phone	Work Phone		
Email	#Girls	Age Levels <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> 11-17	#Adults	
Name of Outdoor-Trained Adult Accompanying Troop		Outdoor Training Level Completed <input type="checkbox"/> T2 <input type="checkbox"/> T3	Date of Expiration of Camping Adventures or equivalent	
Name of First Aider in Attendance		Date trained _____	Date trained _____	Expiration Date CPR Cert
		Expiration Date First Aid Cert		Expiration Date CPR Cert

A. Site Use Reservation (Complete in full.) Program equipment (archery, waterfront, etc.,) must be arranged through the Program Department.

	Date/s	Arrival/Departure Times*	Name of Camp or Center	Name of Site and Facility
First Choice				
Second Choice				
Third Choice				

Are you planning to use the site for more than 3 hours? **No** (no fee if reserved for 3 hours or less Sunday [after 3 p.m.] or Monday through Thursday) **Yes** (complete table below to determine site fee due)

PLEASE NOTE: Refer to Safety-Wise for proper supervision certifications. Extra conditions apply.

- If Waterfront Activity is planned, you **MUST** have a Certified Lifeguard (18 years of age or older) present.
- If a specialty program activity (such as low ropes, wall climbing, archery, or boating) is planned, you **MUST** have the appropriate certified Facilitator/s present. Facilitators/lifeguards must be oriented to the specific camp.
- Please supply the name of the Lifeguard or Facilitator/s who will be present and her/his area of certification. Make copies of the front and back of her/his certification and mail it with this form to the Registration Department three (3) weeks in advance of the event use.
 Name of Lifeguard or Facilitator/s: 1) _____ 2) _____
- Available specialty equipment (archery, boating, ropes course, climbing wall, etc.) varies from camp to camp and will require a \$50 deposit included in payment. **THE DEPOSIT WILL BE REFUNDED AFTER INSPECTION VERIFYING THAT EQUIPMENT HAS BEEN REPLACED IN GOOD CONDITION.** As appropriate, refund will be issued either by check or credit to card account.

Specialty program activity equipment/area requested: <input type="checkbox"/> archery <input type="checkbox"/> boating <input type="checkbox"/> climbing wall <input type="checkbox"/> ropes course <input type="checkbox"/> waterfront <input type="checkbox"/> other	Program Dept. notified <input type="checkbox"/> yes <input type="checkbox"/> no	Approved by Program Dept. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> applied
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User	Explanation	# of days	Fee/person/per day	X	Total # of Attendees	= Participant Fee
	GSOFCF troop/group/activity		\$3.00	X	_____	= \$_____

Payment Information

<input type="checkbox"/> Credit Card (required for faxed form, includes \$50 deposit, if applicable)	<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 \$
<input type="checkbox"/> Check sent (includes \$50 equipment deposit, if applicable)	Specialty Equipment \$50 Deposit \$
Name on account	Total Enclosed \$
Account number	Expiration Date /
Signature	

B. 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. I will submit an Activity Report to the Program Department at the North Haven Service Center within two (2) weeks of site usage.

Signature	Date
<input type="checkbox"/> Service Unit Manager's Approval Granted	<input type="checkbox"/> Service Unit Manager's Approval Withheld
Signature of Service Unit Manager (Required)	Print Name of Service Unit Manager Date Signed

Additional Comments or Reasons for Withholding Approval:

Council Approval: *In the event approval is not granted, the decision can be reviewed by the regional Director of Membership Services.*
 PLEASE CALL IF CONFIRMATION IS NOT RECEIVED 14 DAYS BEFORE EVENT DATE.