



GIRL SCOUTS OF CONNECTICUT

WWW.GSOFCT.ORG 1-800-922-2770

SITE RESERVATION APPLICATION FOR GSOFCT USERS

- Day or overnight use, Troop Camping, 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 2 checks (fee payment and deposit check) 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) 234-6828

Faxed or mailed orders with credit card charges will need separate \$50 deposit check (if applicable) mailed to Registration Dept.

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"/> A	
Name of Outdoor-Trained Adult Accompanying Troop/Group		Out and About Training or equivalent Other: Date trained _____		Camping Adventures Training or equivalent Other: Date trained _____	
Name of First Aider in Attendance		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?
 Yes (complete table below to determine site fee due) **No** (no fee if reserved for 3 hours or less Monday through Thursday)

- PLEASE NOTE: Refer to *Safety-Wise* for proper supervision certifications. Extra conditions apply.**
- If Waterfront Activity is planned, you **MUST** arrange to 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** arrange to have the appropriate certified Facilitator/s present. Facilitator/s/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 separate \$50 deposit by check. **THE DEPOSIT WILL BE REFUNDED AFTER INSPECTION VERIFYING THAT EQUIPMENT HAS BEEN REPLACED IN GOOD CONDITION.**

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
User	Explanation # of days GSOFCT troop/group/activity	Fee/person/per day \$3.00	X Total # of Attendees = Participant Fee X _____ = \$ _____

Payment Information

<input type="checkbox"/> Credit Card (Mandatory for faxed reservations) <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX		<input type="checkbox"/> Enclosed Check/s (Payable to GSOFCT) Total Event Fees \$ _____	
Separate \$50 equipment deposit check (if applicable) sent <input type="checkbox"/> Yes <input type="checkbox"/> No		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.
Please Note: No refunds or adjustments will be made less than 4 weeks prior to the reservation date.

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.