

TROOP CAMP RESERVATION REQUEST



Troop Camping Request Form

Please submit the completed form to info@girlscoutsp2p.org

	Camp	Check In Date	Check Out Date	Campsite/Unit	Order Number (if known)
Completed Reservation Information					

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** _____

Circle/Highlight: Overnight License -- or -- Camping License

Adult in charge _____ E-mail _____

Address _____

Evening Phone _____ Cell Phone _____

Troop's County _____ SU# _____ Troop # _____

Numbers:

___ Daisy ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Ambassador

___ Adult Women ___ Adult 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 that if this reservation needs to be cancelled, the request to cancel must be received within 4 weeks of the arrival date, or, no refund will be given. Cancellations received before 4 weeks will be issued a full refund to the original form of payment.

REQUIRED Signature _____ **Date** _____