

2. From (date and time)

3. From (date and time)

Girl Scout Group Site Rental Application

General Information						
Name:	ne:Troop#					
Address:						
				Zip:		
Day Phone:(<u>)</u>			Evening Phone <u>:(</u>)		
E-Mail:			Purpose of Rental	l:		
Please provide us the a	ttendance informa	ation below	when sending in	registration:		
Number of girls:	Number of	boys:	Number o	of Adults:		
date certification(s) card	d(s). Also please pro d or the date the tra	ovide the nar ining was red	me of the adult wi ceived to check ag	er and attach a copy of their up to th Outdoor I & II training and a gainst council records. The same the event.		
Name of First Aid/CPR p	oerson:					
Name of person with O	utdoor I & II Trainir	ng:				
	f lifeguard is on dut	y. You may p		ust be made at least 4 weeks in leguard by providing their name		
Name of Lifeguard:						
	f lifeguard is on dut pies of certificatior	y. You may p (s) card(s).	provide an extra lif	e made at least 4 weeks in eguard by providing their name		
Reservation Request						
Camp	# Pa	rticipants	Site	es/Facility/Unit		
1.						
2. 3.						
J.						
				th/day/year). All choices should e submitted on separate forms.		
1. From (date and time)		To	o (date and time)			

Special Needs: Does anyone in your group have special needs that require accommodation? ___Yes ___No If yes, please list special need and required accommodations:

To (date and time)

To (date and time)

Fees: A deposit equal to 25% of the rental fee is required to hold a reservation with payment in full required 30 days prior to the rental date. If you cancel more than 30 days from the rental date, you will forfeit your deposit. If you cancel after the 30 days from rental date, you will forfeit your payment in full. In addition, copies of up-to-date First Aid/CPR and Outdoor Training (also Small Craft, and Lifeguard, if needed) certification cards for adults fulfilling this requirement must be sent with application. The same adult cannot fulfill both requirements. Reservations will not be accepted without the required paperwork and certifications.

Responsibilities: Please list the names of each person in attendance that will be responsible for each of the items listed below:					
Responsible for emergency transportation if needed:					
Responsible for supervision of the group and its behavior:					
Responsible for supervision of any specialized recreational activities:					
For Office Use Only:					
Payment Enclosed: Girl Scout Cookie Incentives Check/Money Order Cash (walk in only) Credit Card	\$ \$ \$ \$	For Credit Card Payments: Exp. Date/ Card Number Name on Account VisaMaster Card Signature	Discover		
		0.8.10.00.0			
Extra activities arrangement jbeaumont@gshom.org	s must be made at least 4 weeks	s in advance by contacting Jenr	n Beaumont at		
Activity	Fee\$	Activity	Fee\$		
Activity	Fee \$	Activity	Fee\$		
Check in time begins at 5 p.m. and check out is at 5 p.m. (unless other arrangements have been made with the Property Manager, Nancy Webster).					
Arrival Time:	Depa	Departure Time:			
I have read, understand and agree to comply with the registration guidelines and procedures as outlined above:					
Leader's Signature:		Date:			
Signature of Participant:	(If different than leader)	Date:			
Applications may be mailed or faxed to any GSHOM Regional Center . <u>Faxed forms must be payment by credit card only:</u>					

444 James L. Parkway, Ypsilanti, MI 48197 / Fax (734) 714-3037 601 W. Maple, Kalamazoo, MI 49008 / Fax (269) 492-1439 4403 Francis Street, Jackson MI 49023 / Fax (517) 784-9553 1223 Turner Street, Lansing, MI 48906 / Fax (517) 699-9405 5470 Davis Road, Saginaw, MI 48604 / Fax (989) 799-1450