



## Property Reservation & Troop Camping Application

Complete the appropriate section and return to GSCB at 501 S. College Ave., Newark, DE 19713 Attn: Camp Registrar. If the date you request is available a rental agreement with billing information will be mailed to you; if the date is not available GSCB will notify you.

### Type of Rental Group

- GSCB   
  Event   
  Troop   
  Non GSCB Girl Scout Group   
  Non-Profit   
  Private Group/Family

#### GSCB Group

\_\_\_\_\_  
 Service Unit      Troop#      Type of Activity (Camping, Day Use, Party, Event)

Participant Information: Please attach a roster of participants including addresses and phone numbers

Number of registered participants (please estimate) \_\_\_\_\_ \*\* Additional insurance purchase is required for non-members

\_\_\_\_\_ Daisy      \_\_\_\_\_ Brownie      \_\_\_\_\_ Junior      \_\_\_\_\_ Cadette      \_\_\_\_\_ Senior      \_\_\_\_\_ Ambassador  
 \_\_\_\_\_ Female adults      \_\_\_\_\_ Male adults      Are non-Girl Scout members attending?  Yes  No

\_\_\_\_\_  
 Person in Charge of Activity      Home phone      Cell Phone

\_\_\_\_\_  
 Address (include city, state and zip)      Email

\_\_\_\_\_  
 Emergency Contact      Home Phone      Cell Phone

\_\_\_\_\_  
 Emergency Contact (you must list two)      Home Phone      Cell Phone

**Safety Information-** GSCB groups always refer to *Safety Activity Checkpoints* guidelines while planning for your trip. These guidelines may suggest a certain level of certification or additional insurance. Please put N/A in the areas not applicable to your outing

Certification	Person	Training and or Organization	Exp. Date
First Aid/CPR			
Level 2 First Aider			
Life Guard			
Small Water Craft			
Cabin Camping			
Outdoor Certified			
Archery			
Other Required Certifications			

#### Non GSCB Girl Scout Group, Non-Profit, Private Group or Family

\_\_\_\_\_  
 # of Youth      # of Adults      Type of Activity (Camping, Day Use, Event)

\_\_\_\_\_  
 Name of Organization (if applicable)      Telephone (day)      Telephone (cell)

\_\_\_\_\_  
 Person in Charge of Activity      Telephone (day)      Telephone (cell)

\_\_\_\_\_  
 Address (include city, state and zip)      Email Address

\_\_\_\_\_  
 Emergency Contact      Telephone (day)      Telephone (cell)

Please make copies for your records.

Property Site (GSCB Facilities)	Date Requested	
First choice site	Start date/time	End date/time
Second choice site	Start date/time	End date/time
<input type="checkbox"/> We will be sharing our unit with Troop# _____ Adult in charge: _____ <input type="checkbox"/> We would be willing to share our unit if notified in advance. Note check-in to GSCB facilities is after 3p.m. and check-out is before 3p.m.		

<b>Property Site (Non-GSCB Site)</b>	
Name _____	Phone _____
Nearest Town _____	

For each site, please mark all the facilities desired. Sleeping capacities are approximate. See GSCB website for current numbers.

<b>Camp Country Center-149</b> ___ STEM Lodge Auditorium 39 ___ STEM Kitchen ___ STEM Lodge Lab ___ Troop House 15 ___ Frog Hollow 16 ___ Owls Nest 16 ___ Wind Song 32 ___ Squirrel Hill 16 ___ Hidden Meadow Pavilion ___ Smokey Rock Pavilion <b>Camp Sandy Pines-130</b> ___ Connie Bell Lodge 24 ___ Cabins 32  ___ Sue Morris Tree House Unit 28 ___ Laurel Thicket 16 ___ Pavilion ___ Primitive Camping 30 <b>Camp Todd-256</b> ___ Hideaway 36 ___ Tall Timbers 36 ___ Shady Cove 32 ___ Whispering Pines 36 ___ Canvas Back 36	<b>Camp Todd Continued</b> ___ Choptank Lodge 24 ___ Lakeview Lodge 16 ___ Primitive Camping 30 ___ Pavilion ___ Program Center ___ Program Center Kitchen <b>Camp Grove Point</b> ___ Star Lodge 30 ___ Blue Heron 14 ___ Seagull 12 ___ Cottage 11 ___ Program Center 30 ___ Cookie Jar 8  ___ Sharon 28 ___ Woodland 28 ___ Ahsosawah 32 ___ Osprey 32 ___ Sassapeake 20 ___ Sky High 32 ___ Trails End 32 ___ Cimmaron Village 36 ___ Program Center Kitchen ___ Dining Hall Kitchen	<b>Grove Point Continued</b> ___ Dining Hall ___ Primitive Camping 30 <b>Girl Scout Advisor Approval</b> I have read <i>Safety Activity Checkpoints</i> and GSCB policies regarding camping and associated program activities. I have read and understand GSCB refund and cancelation policy for this trip. I accept full responsibility for my group and will not do any activity with my group that I do not have the skill, education or certification to do. By signing my name below I understand the risk and liability associated as well as received or someone in my group has received the required education necessary to take this trip. Advisor's signature _____ Date _____ <b>Outdoor Program Consultant</b> In my opinion, the group meets all requirements and is prepared for this activity. Copies of valid certificates are on file with the SU. OPC's signature _____ Date _____ <b>Non-GSCB, Non-profits, Private and Family groups</b> I have read, understand, and agree to the guidelines set for Non-GSCB, Non-profits, Private and Family groups. I accept full responsibility for my group and acknowledge to leave the site better then I found it, to respect all other groups, sites and equipment. If this is not done before leaving I may be Required to pay a fee for cleaning/repairing equipment. Person in charge signature _____ Date _____
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Reservations for multiple site rentals for Encampments can be found on the Service Unit Encampment form (204 PM).

**If money is accompanying this form, be sure to fill out the following information**

Total Cost for Site Reservation \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Event Registrar Signature _____				
Received \$ _____	Receipt # _____	Total Due \$ _____	Balance \$ _____	Due date _____

