



APPLICATION FOR USE OF COUNCIL CAMPSITE

ONE FORM FOR EACH TROOP OR GROUP

NOTE: Please read Applying for Use of Council Campsites before completing this form. (Please Print)

TROOP # _____ GRADE LEVEL: _____ AREA/SERVICE UNIT: _____ COUNTY _____

ADULT IN CHARGE: _____ POSITION: _____

MAILING ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME (____) _____ OTHER: (____) _____

SITE PREFERRED:

Please list your first, second, and third choices for campsites. Then under each, please list, in order, your three choices for the facility/unit at each camp that you would like to use. Put "All camp" if you are interested in reserving the entire campsite.

EXAMPLE	1st Choice	2 nd Choice	3 rd Choice
Camp: Pretty Pond	Camp Name:	Camp Name:	Camp Name:
List Unit Choices:	List Unit Choices below	List Unit Choices below	List Unit Choices below
1st Old Lodge	1 st	1 st	1 st
2nd Merrimac	2 nd	2 nd	2 nd
3rd Queen Mary	3 rd	3 rd	3 rd

1st choice: **ARRIVAL:** (Date) ____/____/____

DEPARTURE: (Date) ____/____/____

2nd choice: **ARRIVAL:** (Date) ____/____/____

DEPARTURE: (Date) ____/____/____

All choices **ARRIVAL (Time)** _____

DEPARTURE (Time) _____

(Check-in: 2:00 p.m. or later on day of arrival)

(Check out: 12:00 noon or earlier)

ESTIMATED # ATTENDING: Girls: _____ Adults: (Female) _____ (Male) _____ Non-Scouts: _____

REQUEST FOR ON-SITE EQUIPMENT

Please see site descriptions for available items. Include: Cooking, Sports, Boats, Kayaks and other equipment. Please provide the following equipment for our use. (Indicate number needed)

(10) Name of item _____, () _____, () _____, () _____

() _____, () _____, () _____, () _____

Our plans for this event includes: _____

Will you have any campers with special needs? If yes, please list: _____

SMOKING: Effective January 1, 2010, the use of tobacco is not permitted on Girl Scout property.

Alcohol, drugs, or firearms are not permitted on our sites.

Please list the person(s) who currently meet Council Policy requirements and will be participating in this event.
Copies of current certifications must be attached to this application.

Person who is Troop Camp Certified: _____ Date Trained ____/____/____
Please submit copy of training record

Person who is First Aid and CPR Certified: _____ Date Trained ____/____/____
Please submit copy of FA/CPR cards

REQUEST FOR ON-SITE FACILITIES

Pool Alpine Tower Grotto Waterfront Area Archery
Requested Date: ____/____/____ Requested Time: _____ to _____ # of People: _____

Waterfront activities: who is (are) the qualified lifeguard(s) and boating instructors?
Name _____ Expir. Date ____/____/____ Name _____ Expir. Date ____/____/____
Please submit copies of certification(s) four weeks prior to your reservation date.

Archery: who is the Certified Archery instructor?
Name _____ Expir. Date ____/____/____ Date trained ____/____/____
Please submit copies of certification(s) four weeks prior to your reservation date.

The following facilities are available at the Homestead campsite only.
 High Ropes Team Challenge Course Climbing Wall
Requested Date: ____/____/____ Requested Time: _____ to _____ # of People: _____

APPLICATIONS WILL NOT BE CONSIDERED WITHOUT PROOF OF CERTIFICATIONS

(The Council requests that tagalongs (not a registered Girl Scout) do not attend troop or group camping programs.)

AGREEMENT:

I have read and understand the Policies and the Guidelines for Use of Girl Scouts – NC Coastal Pines Council Campsites. I understand that we will be responsible for adhering to the policies and following the guidelines while we are there. I further understand that the Ranger has the responsibility to administer these policies and guidelines, and the authority to take the necessary action to uphold them.

Signature of Adult in Charge: _____ Date: ____/____/____

Card Holder Name: _____	Signature _____
Charge my: Visa or MasterCard Expiration Date: ____/____	Amount to Charge: \$ _____ Payment in Full \$ _____
Account # _____	____/____ ____/____
(Applications will not be accepted without a deposit.)	

Application Complete: yes <input type="checkbox"/> no <input type="checkbox"/>	Confirmation Sent: _____	Check # _____	
Amount Paid: _____	Date _____	Amount Due _____	Date _____

Mail this to: Girl Scouts- North Carolina Coastal Pines Or Email: camp_reservations@nccoastalpin.es.org
Attention: Campsite Reservations
P.O. Box 91649
Raleigh, NC 27675