



**SERVICE UNIT CAMP SITE and  
EQUIPMENT RESERVATION Form**  
Submit form to [PROPERTY@GSGCF.ORG](mailto:PROPERTY@GSGCF.ORG)  
(FAX) 941.923.5241

Date Received in Council

Please complete this form to request day or overnight service unit camping. Refer to the council website for camp rules, *Safety-Activity Checkpoints* and specific camp information. A \$100 deposit must accompany this form to process the requested date. Accurate participation numbers are required for grant purposes. **You are asked to review and update participant numbers 30 days prior to event.**

Today's date \_\_\_\_\_ Standard camp times: Day use - 12 p.m. - 5 p.m. | Overnight use - 6 p.m. - 11 a.m.

Event coordinator name \_\_\_\_\_ Event title \_\_\_\_\_ Service unit \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Phone number \_\_\_\_\_ Cell number \_\_\_\_\_

At-Camp contact name \_\_\_\_\_ Cell number \_\_\_\_\_

Grade level  DA (K-1)  BR (2-3)  JR (4-5)  CA (6-8)  SR (9-10)  AMB (11-12)  MULTI

**GIRL SCOUT CAMPS - Camp Caloosa (capacity 131) | Camp Honi Hanta (capacity 178)**

**1 INDICATE DESIRED RESERVATION.** Please provide a 1<sup>st</sup> and 2<sup>nd</sup> reservation choice.

**FIRST CHOICE**

**SECOND CHOICE**

Camp: \_\_\_\_\_

Camp: \_\_\_\_\_

Check-in date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check-in date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check-out date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check-out date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Arrival time: \_\_\_\_:\_\_\_\_  AM  PM

Arrival time: \_\_\_\_:\_\_\_\_  AM  PM

Departure time: \_\_\_\_:\_\_\_\_  AM  PM

Departure time: \_\_\_\_:\_\_\_\_  AM  PM

**2 INDICATE OVERNIGHT SLEEPING ACCOMMODATIONS.** Numbers shown below indicate the maximum overnight sleep capacity. Use this section to indicate the sleeping arrangements anticipated by your service unit.

<u>Caloosa</u>	<u># Girls</u>	<u># Females</u>	<u># Males</u>	<u>Honi Hanta</u>	<u># Girls</u>	<u># Females</u>	<u># Males</u>
Lodge (15)	_____	_____	_____	Lodge (0)	_____	_____	_____
Chalet (16)	_____	_____	_____	Lodge Commercial Kitchen (0)	_____	_____	_____
Flamingo Flats (18)	_____	_____	_____	Armadillo Alley (34)	_____	_____	_____
Pelican Perch (18)	_____	_____	_____	Eagle's Perch (28)	_____	_____	_____
Timberford* (32)	_____	_____	_____	Weaver's Nest (32)	_____	_____	_____
Quail Run* (32)	_____	_____	_____	Hoot Howl Point* (32)	_____	_____	_____
				Round House* (32)	_____	_____	_____
				Manatee House (20)	_____	_____	_____

**LIST NAMES OF ODS TRAINED FACILITATORS (ONE PER UNIT REQUIRED) IN THE SPACE PROVIDED BELOW**

Golf Cart Requested Yes  No

**LIST NAMES OF TRAINED EVENT COOKING FACILITATOR FOR CAMP HONI HANTA BELOW**

**3 INDICATE ADDITIONAL DAYTIME ONLY PARTICIPANTS.** *If hosting additional participants during the daytime hours only, please indicate the number of additional participants attending who are not staying overnight. Counts below should not be included with those shown in the overnight section.*

Saturday daytime headcount:      Number of girls \_\_\_\_\_      Number of adult females \_\_\_\_\_      Number of adult males \_\_\_\_\_  
 Sunday daytime headcount:      Number of girls \_\_\_\_\_      Number of adult females \_\_\_\_\_      Number of adult males \_\_\_\_\_

**4 INDICATE EQUIPMENT REQUESTED.** *Free with site rental EXCEPT pool. Day Use only 8am-6pm.*

EQUIPMENT REQUESTED AT:			● CALOOSA	● HONI HANTA
<b>Archery</b>  Girl Scout Brownies & up 10 participants per block  Girls _____ Adult Females _____ Males _____	<b>Canoes</b>  Girl Scout Brownies & up 2 person canoes  Girls _____ Adult Females _____ Males _____	<b>Kayaks</b>  Girl Scout Brownies & up 1 person kayaks  Girls _____ Adult Females _____ Males _____		
<b>Desired date</b>	<b>Desired date</b>	<b>Desired date</b>		
Archery Trained Facilitator	Canoe Trained Facilitator	Kayak Trained Facilitator		
	Lifeguard or Swim Test/Water Waiver	Lifeguard or Swim Test/Water Waiver		
CAMP HONI HANTA ONLY				
<b>Low Ropes/Elements Course</b> Girl Scout Brownies & up  1 Trained Facilitator for 14 girls + 1 Adult Helper 8am-6pm		<b>Swimming Pool (\$5 per person)</b> <b>ALL GRADE LEVELS</b>  Capacity 70 (Multiple troops may share time blocks) 8am-6pm		
Trained Facilitator		Certified Adult Lifeguard		
Date trained		Date trained		
1 <sup>st</sup> choice date	2 <sup>nd</sup> choice date	1 <sup>st</sup> choice date	2 <sup>nd</sup> choice date	
# of Participants Girls _____ Adult Females _____ Adult Males _____ <i>Each element must have a Trained Facilitator if more than one element is used simultaneously.</i>		# of Participants Girls _____ Adult Females _____ Adult Males _____ <b># Lifeguard Watcher (Not Swimming)</b> Girls _____ Adult Females _____ Adult Males _____		

I know, understand, have read, and agree to meet the requirements set forth for this activity in *Safety Activity Checkpoints, Volunteer Essentials, and GSGCF policies and rules*. I further understand that I am responsible to ensure that the event coordinator(s) and all assisting adults have read and meet the requirements set forth in activities described in *Safety Activity Checkpoints, Volunteer Essentials, and Girl Scouts of Gulfcoast Florida, Inc. Volunteer Policies, Standards, Guidelines and Procedures*. Each of these documents and others may be found at [gsgcf.org](http://gsgcf.org) [Volunteer Resources](#).

Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>PAYMENT INFORMATION:</b></p> <ul style="list-style-type: none"> <li>A deposit of \$100 MUST be submitted with each service unit camping request. Option: payment in full now.</li> <li>Balance due 30 days prior to the reservation date</li> <li>If completed less than 4 weeks prior to the reservation date, you must pay in full at time of request.</li> </ul>	<p><b>REFUND POLICY:</b></p> <ul style="list-style-type: none"> <li>60 days prior to the reserved date, full refund of amount paid.</li> <li>59 – 45 days prior to reserved date, half of the amount paid will be refunded.</li> <li>44 days prior to reserved date, NO REFUND.</li> <li>Less than two weeks prior to the reserved date, service unit will be charged a cancellation fee of \$150 (as this does not allow others to reserve).</li> </ul>
<p><b>OFFICE USE ONLY:</b></p> <p>Date approved _____/_____/_____ Initials _____</p> <p>Account number _____</p> <p>Amount to charge for deposit \$ _____</p> <p>Balance due \$ _____ Balance due date _____/_____/_____</p> <p>Refund amount \$ _____ Refund date _____/_____/_____</p>	<p><b>PAYMENT TYPE:</b>    <input type="checkbox"/> Cash    <input type="checkbox"/> Check # _____    <input type="checkbox"/> Credit Card</p> <p>Please charge my:    <input type="checkbox"/> MasterCard    <input type="checkbox"/> Discover    <input type="checkbox"/> Visa    <input type="checkbox"/> Am. Express</p> <p><b>Credit Card #</b> _____ - _____ - _____ - _____</p> <p><b>Sec #</b> _____ <b>Exp. Date:</b> _____/_____/_____ <b>Amount: \$</b> _____</p> <p><b>Cardholder's Name (print)</b> _____</p> <p><b>Cardholder's Signature</b> _____</p>