

FACILITY RESERVATION FORM (Girl Scout Houses/Conference Center)



Girl Scouts of Gulfcoast Florida, Inc.
 4780 Cattlemen Road, Sarasota, FL 34233
 941-921-5358 or 800-232-4475 * FAX 941-923-5241
 Website: www.gsgcf.org Email: property@gsgcf.org

Please complete the form and submit via email, fax, or regular mail.

PLEASE NOTE - PAYMENT MUST BE INCLUDED (Provide credit card information below).

The following are processing dates for events: (Requests received early will be held until processing date.)

TROOP: (3) three months prior to date ♦ **SERVICE UNITS:** (6) six months prior to date

Troop event – Troop # _____ Service unit event – Service unit (must be filled in) _____

Grade level(s): K-1 (Daisy) 2-3 (Brownie) 4-5 (Junior) 6-8 (Cadette) 9-10 (Senior) 11-12 (Ambassador) Multi level

Event coordinator name _____ Event title _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Email _____

Girls _____ # Adult Females _____ # Adult Males _____ Total attending _____ Will you need accommodations for men? Yes No

<u>Girl Scout Houses</u>	<u>Day Capacity</u>	<u>Overnight Capacity</u>	<u>Conference Center (Sarasota)</u>
Arcadia	30	15	Auditorium day usage 200 (seating only) (tables & chairs)
Collier	45	25 (No Sunday morning availability)	No overnight sleeping in the Auditorium.
<u>Girl Scout House Rental Fees:</u>			<u>Conference Center Troop/SU Fees: (Sarasota)</u>
Day usage 8:00 a.m. – 12:00 p.m. or Day usage 1:00 p.m. – 5:00 p.m. \$20			Day usage: 8:00 a.m. to 12:00 p.m. or Day usage: 1:00 p.m. – 5:00 p.m. \$50
Full day 8:00 a.m. – 5:00 p.m. \$40			Full day 8:00 a.m. – 5:00 p.m. \$100
Overnight usage: 6:00 p.m. – 7:45 a.m. \$40			Day capacity: Rooms A-B-C (downstairs) 12 per room. Rooms D-E (upstairs) 50 per room
			Overnight usage: 6:00 p.m. – 7:45 a.m. Next day \$150
			Overnight capacity: Rooms D or E only (upstairs) 25 per room

_____ to _____ Facility _____ Half Day Full Day Overnight Auditorium

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Cancellation Refund Policy Applies
 30 days prior to camp date – full amount paid will be refunded
 29-15 days to camp date – half amount paid will be refunded
 14 days or less prior to camp date – NO REFUND

Girl Scout House/Conference Center Arrival Time _____ Girl Scout House/Conference Center Departure Time _____

CURRENT CERTIFICATIONS

Name of FA/CPR trained facilitator _____

PLEASE CHARGE MY: MasterCard Visa Discover Amex Amount to be charged \$ _____

I authorize GSGCF to use and process the following information.

Credit card number _____ Expiration date _____ CVV _____

Print name as it appears on card _____ Signature _____

OFFICE USE ONLY: Date received _____ Date processed _____ Conf. date _____

Reservation confirmed for _____ to _____ Facility _____ Units _____

Approval _____ Date _____ Fee \$ _____ Refund \$ _____

Account # _____