



**SERVICE UNIT CAMP SITE and
EQUIPMENT RESERVATION Form**
Submit form to 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 1st and 2nd 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 |
|---|--|---|-----------------------------|--------------|
| Archery Girl Scout Brownies & up 10 participants per block Girls _____ Adult Females _____ Males _____ | Canoes Girl Scout Brownies & up 2 person canoes Girls _____ Adult Females _____ Males _____ | Kayaks Girl Scout Brownies & up 1 person kayaks Girls _____ Adult Females _____ Males _____ | | |
| Desired date | Desired date | Desired date | | |
| 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 | | | | |
| Low Ropes/Elements Course Girl Scout Brownies & up 1 Trained Facilitator for 14 girls + 1 Adult Helper 8am-6pm | | Swimming Pool (\$5 per person) ALL GRADE LEVELS Capacity 70 (Multiple troops may share time blocks) 8am-6pm | | |
| Trained Facilitator | | Certified Adult Lifeguard | | |
| Date trained | | Date trained | | |
| 1 st choice date | 2 nd choice date | 1 st choice date | 2 nd 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 _____ # Lifeguard Watcher (Not Swimming) 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 [Volunteer Resources](#).

Signature _____ Date _____

| | |
|--|---|
| PAYMENT INFORMATION: <ul style="list-style-type: none"> A deposit of \$100 MUST be submitted with each service unit camping request. Option: payment in full now. Balance due 30 days prior to the reservation date If completed less than 4 weeks prior to the reservation date, you must pay in full at time of request. | REFUND POLICY: <ul style="list-style-type: none"> 60 days prior to the reserved date, full refund of amount paid. 59 – 45 days prior to reserved date, half of the amount paid will be refunded. 44 days prior to reserved date, NO REFUND. 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). |
| OFFICE USE ONLY: Date approved _____/_____/_____ Initials _____ Account number _____ Amount to charge for deposit \$ _____ Balance due \$ _____ Balance due date _____/_____/_____ Refund amount \$ _____ Refund date _____/_____/_____ | PAYMENT TYPE: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card Please charge my: <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> Am. Express Credit Card # _____ - _____ - _____ - _____ Sec # _____ Exp. Date: _____/_____/_____ Amount: \$ _____ Cardholder's Name (print) _____ Cardholder's Signature _____ |