

PROGRAM CENTERS: APPLICATION FOR RESERVATION

AFTER THIS FORM IS **SIGNED** BY THE SERVICE UNIT MANAGER OR TROOP CONSULTANT, it should be mailed or faxed as indicated below. Applications will be processed on a **first come, first served basis**. Applications **will not** be accepted over the phone. All adults that are working directly with or chaperoning girls to and from a location outside of the troop meeting place must complete a Volunteer Application/Consent Form and have a favorable background search prior to the event. In addition, all non-registered adults staying on property must purchase insurance available through the council. If these conditions are not met, the ranger may ask you to leave the property.

Mail or Fax to:
Girl Scouts of Citrus Council
341 N. Mills Ave.
Orlando, FL 32803-5760
FAX: 407-894-0966

Troop # _____ Program Age Level D B J 11-17 Program Center _____

Unit Preference _____ Approx. Arrival Time _____ Departure (by 1 p.m.) _____

Number of: _____ girls _____ women _____ men = TOTAL _____ # of campers handicapped _____

No children other than registered girls may attend camp!

Date Requested: 1st choice _____ through _____

2nd choice _____ through _____

Troop Leader _____

Phone: Day (_____) _____ Eve (_____) _____ Cell (_____) _____

Address _____
Street City Zip

E-mail _____

BTC – Camp-Out Qualified Person _____

First Aider _____

Aquatic Certification Information (if required) due two weeks prior to date being used.

Emergency Contact Person _____

Phone: Day (_____) _____ Eve (_____) _____ Cell (_____) _____

This troop has camped at Riverpoint or Celia Lane in the past: Yes No Date _____

I AM AWARE THAT THIS TROOP IS MAKING A RESERVATION AT A CITRUS COUNCIL PROGRAM CENTER:

Service Unit Manager or Troop Consultant Signature Required

Service Unit

MAH-KAH-WEE: IN THE EVENT THERE ARE MORE APPLICATIONS THAN CAN BE ACCOMMODATED, TWO SMALL TROOPS WILL BE ASSIGNED TO SHARE A UNIT.

RIVERPOINT: Minimum number of people 25, maximum 36. Two troops may register together to reach the minimum number of people.

Fees MUST accompany this application. Please visit <http://www.citrus-gs.org/program/camping.htm> for the most current fee schedule or contact Tparris@citrus-gs.org or call (407) 365- 6827, ext. 0 for a hard copy. Fees are refundable ONLY if cancellation is made one month in advance of reservation date. Cancellation MUST be in writing.

(over)

OVERNIGHT	# Tents/People	# Nights	Fee	Cost
MKW Platform Tents	_____ X	_____ X	\$ _____	= \$ _____
MKW Cabins	_____ X	_____ X	\$ _____	= \$ _____
MKW Staff House	_____ X	_____ X	\$ _____	= \$ _____
MKW Eco-Center	_____ X	_____ X	\$ _____	= \$ _____
MKW Creative Cottage	_____ X	_____ X	\$ _____	= \$ _____
MKW Ticochee Lodge	_____ X	_____ X	\$ _____	= \$ _____
Riverpoint Lodge	_____ X	_____ X	\$ _____	= \$ _____
Celia Lane Little House	_____ X	_____ X	\$ _____	= \$ _____
Melbourne Scout House	_____ X	_____ X	\$ _____	= \$ _____
OTHER				
MKW Day Pavilion (Day Use)	_____ X		\$ _____	= \$ _____
MKW Lodge (Day Use)	_____ X		\$ _____	= \$ _____
Archery (MKW or Riverpoint) # girls _____	X		\$ _____	= \$ _____

Challenge Course (attach completed CP_81 and fee) = \$ _____
 GSSC Waterfront Personnel to be provided (lifeguard and canoe instructor) \$35 = \$ _____

SMALL CRAFT*:

(1 ½ hour blocks) _____ # Canoes (Mah-Kah-Wee)	X	\$5 _____	= \$ _____
_____ # Funoes (Mah-Kah-Wee)	X	\$5 _____	= \$ _____
(1 ½ hour blocks) _____ # Canoes (Riverpoint)	X	\$5 _____	= \$ _____
_____ # Sailboats (Riverpoint)	X	\$7 _____	= \$ _____
_____ # Windsurfer (Riverpoint)	X	\$7 _____	= \$ _____

GSSC Waterfront Personnel to be provided (lifeguard and canoe instructor) \$35 = \$ _____

*Refer to site information for availability - Only the # of small craft reserved will be available for use. Maximum # of any type of watercraft in the water at one time is 10 – Watercraft can not be mixed.

Off-Site Use:

Trailer Rental	_____ # Trailers	\$ _____ X	_____ # days	= \$ _____
Canoe Rental	_____ # Canoes	\$ _____ X	_____ # days	= \$ _____
Total Fees Enclosed				\$ _____

Method of payment: Check Money Order VISA MASTERCARD DISCOVER

If paying by credit card, information below MUST BE INCLUDED:

ACCOUNT # _____ (fill in all digits shown on your credit card) EXP. DATE ____/____/____

Name as it appears on Credit Card: (Print) _____

Cardholder's Billing Address as listed with Credit Card Company _____ (street address, city, state and zip code)

Signature (required on credit card orders) _____

ADDITIONAL SERVICES: (check services desired)

Mah-Kah-Wee Only:

- Compass Equipment
- Eco-Center (Room with stage)
- Amanda Equipment (Eco Center Lab)
- Sports Equipment
- Outdoor Cooking Equipment
- Sports Equipment
- Creative Cottage
- Telescope Equipment
- Fishing Equipment

Riverpoint Only:

- Minerva Equipment
- Sports Equipment
- Fishing Equipment
- Compass Equipment

Melbourne Scout House Only:

- Eleanor Egret Equipment
- Outdoor Cooking Equipment
- Fishing Equipment

Celia Lane Only:

- Beatrice Equipment
- Outdoor Cooking Equipment
- Sports Equipment

For Office Use: Receipt # _____ Amount Paid \$ _____ Unit Confirmed: _____ Date Confirmed: _____ Confirmation sent _____
