girl scouts of northern illinois

Campsite Request Form

- If submitting this request by mail, please send it, along with the deposit amount, to: **Campsite Coordinator, GSNI, 12N124 Coombs Road, Elgin, Illinois, 60124** (Phone 847-741-5521, Ext. 7132 / Fax 847-741-5667, SiteCoordinator@GirlScoutsNI.org).
- Online submission of this request form requires payment by credit card.
- Deposits are **cashed** and will be **refunded** after camp use if (1) equipment and facilities are left clean and in good condition AND (2) rules and regulations are followed. A Troop Camp Report is due within one month of a stay, and if it is not received within that timeframe, the campsite deposit is forfeited.
- Balance Due: Unpaid campsite and/or activity fees are due three weeks prior to the event. If payment is not received, campsite and/or activities availability will not be guaranteed.

Site Reservation (Please Check One):

☐ Camp McCormick ☐ Camp Dean ☐ Mary Ann Beebe Center (MABC)
☐ Chapman Hills ☐ Camp Far Horizons

Site(s) Desired: _____

(Please check our website, www.GirlScoutsNI.org, for available sites and corresponding fees.)

Arrival: Date ____/____/_____ Time_____:_____ ☐A.M./☐P.M. (Please arrive between 4 and 6 P.M.)

Departure: Date ____/____/_____ Time_____:_____ ☐A.M./☐P.M. (You must depart by 3 P.M.)

☐ **Day Use Only:** Arrival Time: ____:____ ☐A.M./☐P.M. Departure Time: ____:____ ☐A.M./☐P.M.

Required Information

Troop # _____ Service Unit _____

☐ CONTACT PERSON (who is available by phone during the day before the troop comes to camp):

Name _____ Day Phone _____
Address _____ Night Phone _____
City _____ State _____ ZIP _____

☐ TRAINED TROOP CAMPER: Date of Training was (Month) _____(Year) _____

Name _____ Day Phone _____
Address _____ Night Phone _____
City _____ State _____ ZIP _____

☐ CPR and FIRST-AID TRAINED CAMPER:

Name _____ Day Phone _____
Address _____ Night Phone _____
City _____ State _____ ZIP _____

☐ "BACK AT HOME" Emergency Contact Person (During the Camping Event):

Name _____ Day Phone _____
Address _____ Night Phone _____
City _____ State _____ ZIP _____

Payment Information

____Cash ___ Check / Money Order

____ Credit Card (Necessary if Submitting Online) __Visa __Master Card __Discover

Card Number _____ Expires ___/___ Validation Code __ __ __

Cardholder's Name _____ Signature _____

Cardholder's Address _____ City/Zip _____

Activities

- Please check all that apply.
- All fees per group unless otherwise noted.
- A trained facilitator is required.

____ **Archery** *($40 First Hour, $20 Each Additional Hour)*

____ **Crate Stacking** *($40 First Hour, $20 Each Additional Hour)*

____ **Low Ropes Course** *($80/ Session, Maximum 15 Participants)*

____ **Rappelling** *($5/Participant)*

____ **Swimming** *($55 for 1-25, $80 for 26-50, $105 for 51-75)*

Estimated Number of Participants

____ Daisy
____ Brownie
____ Junior
____ Cadette
____ Senior
____ Ambassador
____ Adults
____ Tag-Alongs

Fees

Deposit: $_____
Rental Fee: $_____
Activity Fee: $_____
Total $_____

As confirmation, you will receive a packet in the mail that includes paperwork to be taken with you to camp. If there are any problems with the date or site requested, you will be contacted by phone or by email.

FY2012