



Girl Scouts of Northern Illinois

Request Date _____
Date Rec'd _____

### CAMP DEAN Rental Request

- Please send deposit with this form to **GSNI, Attn: Toni, 2101 Auburn St., Rockford, IL 61103.**
- At least 2 weeks prior to event, send balance due. Cancellation is automatic if this is not done.
- Questions should be directed to the camp's site coordinator at 815-962-5591, Ext 7162. You may leave a message at any time.
- Cancellation Policy: Cancellations with less than two weeks notice or no-shows are ineligible for a refund.
- Deposit checks are CASHED and will be REFUNDED after camp use if: Equipment and facilities are left clean and in good condition, AND procedures and rules are followed, especially with regard to vehicles.

#### 1. Building, Tent Unit, or Site Reservations

Arrival: date \_\_\_\_/\_\_\_\_/\_\_\_\_ time \_\_\_\_\_ Departure: date \_\_\_\_/\_\_\_\_/\_\_\_\_ time \_\_\_\_\_  
 (Arrive between 4 - 6 P.M.) (Must depart by 3 P.M.)

Lodges: \_\_\_\_ White Tail Lodge \_\_\_\_ Dean Lodge \_\_\_\_ Whispering Oaks  
 Sleeping Cabins: \_\_\_\_ Oak Grove \_\_\_\_ Hickory Glen \_\_\_\_ Day Use Only  
 Platform Tents: \_\_\_\_ Cherry Hollow \_\_\_\_ Pine Tree

#### 2. Equipment Requested

\_\_\_\_ X-Country Skis \_\_\_\_ Knot Boards \_\_\_\_ Compasses \_\_\_\_ Pocket Knives \_\_\_\_ Propane Stove \_\_\_\_ Dome Tents  
 (no gas supplied)

#### 3. Fees

Deposit \$50 <i>Due with this form to hold reservation</i>	Rental Fees \$ _____
	Balance Due \$ _____ <i>Due 2 Weeks prior to event</i>

#### 4. Required Information

Contact person e-mail: \_\_\_\_\_

Troop #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

CONTACT PERSON: (someone available during the day, by phone, before the troop comes to camp)

Name \_\_\_\_\_ Day phone \_\_\_\_\_  
 Address \_\_\_\_\_ Night phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

TRAINED TROOP CAMPER: (Date of Training was: Month \_\_\_\_\_ and Year \_\_\_\_\_)

Name \_\_\_\_\_ Day phone \_\_\_\_\_  
 Address \_\_\_\_\_ Night phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

FIRST AIDER:

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 \_\_\_\_\_

#### Estimate of Participant Numbers

- \_\_\_\_ GS Daisy
- \_\_\_\_ GS Brownie
- \_\_\_\_ GS Junior
- \_\_\_\_ GS Cadette
- \_\_\_\_ GS Senior
- \_\_\_\_ GS Amb.
- \_\_\_\_ Adult

This form must be filled out & returned with the deposit. Once payment is received in full, you will get a confirmation packet with paperwork to be taken with you to camp. If there is any problem with the date/site requested, Toni will contact you.