



MARY ANN BEEBE CENTER *Rental Request*

For Members of Girl Scouts of Northern Illinois

- Please send deposit along with this request to **GSNI attn: Toni 2101 Auburn St. Rockford IL 61103**. At least 3 weeks prior to event, send balance due. Cancellation is automatic if balance is not received in that timeframe.
- Questions should be directed to the Camp Site Coordinator 815-962-5591, Ext. 7162. You may leave a message at any time.
- Cancellation Policy: Cancellations with less than 3 weeks notice or no-show are ineligible for a refund.
- Deposits 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 regards 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: ___ *Activity Center - UPPER* ___ *Activity Center - LOWER* (\$50 dep) \$50 first night/\$25 each additional night

___ *Yurts* (\$50 dep) \$40 first night/\$20 each additional night

Platform Tents: ___ *Adirondacks 1* ___ *Adirondacks 2* ___ *Wagons* (\$50 dep) \$30 first night/\$15 each additional night

___ *Day Use Only* ___ *Shelter 1* ___ *Shelter 2* ___ *Shelter 3* ___ *Lake Shelter* \$20 shelter

2. Program/Activities (Trained facilitator required)

___ *Archery* ___ *Low Ropes Course*

3. Fees

Deposit \$50

Rental Fees \$ _____

Due with this form to hold reservation

Balance Due \$ _____

Due 3 Weeks prior to event

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

___ Daisy

___ Brownie

___ Junior

___ Cadette

___ Senior

___ Adult

This form must be filled out and 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, you will be contacted.

Updated 7/1/2010 for rental use as of 10/1/10