



Girl Scouts of Northern Illinois

Request Date _____
Date Rec'd _____

MEDILL McCORMICK Rental Request

- Please send deposit along with this request 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 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 regard to vehicles.

1. Building, Tent Unit, or Site Reservations

Arrival: date ___/___/___ time _____
(Arrive between 4 - 6 P.M., 1 P.M. at Friendship Center)

Departure: date ___/___/___ time _____
(Must depart by 3 PM, 12 PM at Friendship Center)

Friendship Center (\$100 dep): ___ Sunrise ___ Sunset Platform Tents (\$50 dep): ___ OpeeChee ___ Deertrail
 ___ Arrowhead ___ Riverside ___ Kentwood
 Lodges (\$50 dep): ___ Troophouse ___ Greenwood ___ Prairie Moon ___ Trails End ___ Whip Cabins

___ Day Use Only

2. Schedule Program Options (Dates & times must be approved by camp program specialist.)

	Date & time of use	Deposit	# of Swimmers	Fees
Swimming	_____	_____	_____	_____
Crate Stacking	_____	___XX___		_____
Archery	_____	_____	(# of girls) X _____	(fee) = _____
Cross Country Skiis	_____	_____	(# of girls) X _____	(fee) = _____
Other _____	_____	_____	_____	_____

3. Fees Deposit \$ _____
 Due within 2 weeks of request
 to hold reservation

Rental Fees \$ _____

Balance Due \$ _____ *Due 2 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
___ GS Daisy
___ GS Brownie
___ GS Junior
___ GS Cadette
___ GS Senior
___ GS Amb.
___ Adult