



MARY ANN BEEBE CENTER *Rental Request*

For Members of Girl Scouts of Northern Illinois

- Please send your \$50 deposit and this request to **GJNI attn: Toni, 2101 Auburn St., Rockford, IL 61103.**
- 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 two weeks notice or no show 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 regards to vehicles.

1. Building, Tent Unit, or Site Reservations

Arrival: date ___/___/___ time _____ **Departure:** date ___/___/___ time _____
 (Arrive between 4 - 6 PM) (Must depart by 3 PM)

Lodges: ___ Activity Center - UPPER ___ Activity Center - LOWER (\$50 dep)
 ___ Yurts (\$50 dep)

Platform Tents: ___ Adirondacks 1 ___ Adirondacks 2 ___ Wagons (\$50 dep)

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

2. Program/Activities (Trained facilitator required)

___ Archery ___ Low Ropes Course

3. Fees Deposit \$50

Payment Method:
 Check payable to *Girl Scouts of Northern Illinois*
 Credit Card
 Mastercard Visa Discover
 Name on Card _____
 Card # _____
 Expiration Date ___/___
 3-Digit Validation Code _____
 Signature _____

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 & 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.