



CAMP FAR HORIZONS Rental Request

For Members of Girl Scouts of Northern Illinois

- Please send \$50 deposit 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 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 & 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 \$25 per night: ___ Tamarack Lodge – UPPER ___ Tamarack Lodge – LOWER

Platform Tents \$10 per night: ___ Camper's Cove ___ Whip-poor-will ___ Liberty Hollow ___ Trailblazer

___ Day Use Only

2. Program/Activities (Trained facilitator required)

___ Archery ___ Rappelling Tower ___ Swimming

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 _____

3. Fees Deposit \$50

Rental Fees \$ _____

*Deposit due with this form to hold reservation
 —Balance due 2 weeks prior to event.*

Balance Due \$ _____

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, Toni will contact you.