After completion, form may be mailed to:

Girl Scouts, Tarheel Triad Council
8818 W. Market St. Colfax, NC 27235

TROOP CAMP RESERVATION FORM

(Please complete both sides in **INK)**

GENERAL

Troop:	Program Level:	Service Unit:	E-mail Address:		
Leader's Name (Person-in-Charge):			Home Phone: - -	Work Phone: - -	
Address:	City:	State:	Zip Code:	County:	
Transportation: ☐ Leader's/Parent's vehicle ☐ *Borrowed vehicle ☐ *Leased vehicle *See "Going Places" for required forms					
# Girl Scouts:	# Women:	# Men:	# Tag-a-longs (*must have special permission*):	TOTAL:	

CERTIFICATIONS

Required Outdoor-Trained Adult:	Mod Level:	Home Phone #: ( ) -
Alternate Outdoor-Trained Adult:	Mod Level:	Home Phone #: ( ) -
Required Currently Certified First Aider:	Certification is: ☐ on file ☐ attached	Home Phone #: ( ) -
Alternate Currently Certified First Aider:	Certification is: ☐ on file ☐ attached	Home Phone #: ( ) -

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CERTIFICATION
ROTA [ ] on file [ ] pending
AOTA [ ] on file [ ] pending
RCCFA [ ] on file [ ] pending
ACCFA [ ] on file [ ] pending

RESERVATION INFORMATION

Date Request: **Troops** - *request no more than 90 days prior to 1st choice date request.*

Site Request: *Place # choice beside units* **in order of preference.** *Use #1 as 1st choice, etc. Number* ***only*** *units you will accept. Mod # denotes minimum overnight Mod level required for all units except day areas. These show minimum day Mod level required.*

Date Request	Dot Perry	Douglas Long	Keyauwee Program Center		Seven Springs
1st Choice: 2nd Choice: 3rd Choice:	0 Pine Top - Mod 5 0 Holly Ridge Mod 5	Betty Taylor Hall - Mod 2 Day Area - Mod 1 Gypsy Hut - Mod 3 Pine Burr - Mod 4 Tree Dwellers - Mod 4 Uplanders - Mod 4 Sleepy Hollow - Mod 4 Hilltop - Mod 4 Primitive Area - Mod 6	0 Day Area – Mod 1 0 Dakota Shelter - Mod 1 0 Wake Robin - Mod 2 0 Sally Williamson -Mod 2 0 Cherokee - Mod 2 0 Bunkhouse "A" - Mod 3 0 Bunkhouse "B" - Mod 3 0 Apache - Mod 4 0 Comanche - Mod 4 0 Chippewa - Mod 4 0 Alamo - Mod 5 0 Primitive Site - Mod 6	0 Caraway"A" - Mod 4 0 Caraway"B" - Mod 4 0 Savannah"A" - Mod 4 0 Savannah"B" - Mod 4 0 Creek "A" - Mod 4 0 Creek "B" - Mod 4 0 Pee Dee "A" - Mod 4 0 Pee Dee "B" - Mod 4 0 Concho "A" - Mod 4 0 Concho "B" - Mod 4 0 Saponi "A" - Mod 4 0 Saponi "B" - Mod 4	0 Day Area - Mod 1 0 Lofty Heights-Mod 2 0 Lion's Den - Mod 2 0 Fox Hole - Mod 4 0 Singing Pines – Mod 4 0 Prairie Ridge – Mod 4 0 Pioneer Area – Mod 5 0 Primitive Area - Mod 6
# of Nights:					
Arrival Time: ☐ am ☐ pm Departure Time: ☐ am ☐ pm					

PROGRAM AREA RESERVATION REQUEST *(Indicate time needed)* "*" Indicates programs requiring facilitators - complete reverse side

Douglas Long	Keyauwee Program Center			Seven Springs	
* Paddleboat*	Orienteering	Parachute/ Earthball	* Challenge Course*	Games Field	* Canoeing/ Kayaking*
* Canoeing/Kayaking*	SportsCourt	Nature Center	* High Ropes *	Program House	* Swimming *
* Archery *	GamesField	* Paddleboats *	* Climbing Wall*	Parachute/ Earthball	* Archery *
* Pool*	Mini-golf	* Canoeing/ Kayaking*	* Archery*	Fishing	* Challenge Course*
* Challenge Course	Fishing		* Pool*	* Paddleboats *	
Parachute/Earthball	Amphitheater				
Fishing					

STATEMENT OF AGREEMENT (Please read carefully before signing)

I have reviewed the standards in **Safety-Wise** *regarding troop camping and have reviewed the current Camping Opportunities to update myself on the Council procedures and information regarding the camp and facilities requested. I accept the responsibility for my troop/group to properly use and care for the facilities and equipment and agree to abide by all Council policies. On sites with or without a Ranger or Program Director, my group will follow the check-in and check-out procedures as outlined in "Camping Opportunities".*

SIGNATURE (Person-in-Charge) _____ **DATE:** _____

Mailings
Confiirmation mailed _____
Report Card Returned _____

FOR OFFICE USE ONLY - Billing Information
_____ unit fee of $_____ X # nights/days_____ = $_____
Unit Fee

Unit Fee Received			Amount Returned		Additional Fees Due		Additional Fees Paid		
Amt.	Date	Receipt #	Amt.	Date	Amt.	Date	Amt.	Date	Receipt #

REQUEST FOR CONTROLLED RISK PROGRAM AREAS

PLEASE CHECK ONE:

☐ We will be camping @ Keyauwee Program Center, and we
- ☐ wish to have Keyauwee Staff coordinate facilitators for each activity as indicated below (fees will apply; see fee schedule).
- ☐ will be securing our own facilitators for each activity as indicated below.

☐ We will be camping @ Douglas Long or Seven Springs and will be securing our own facilitators for each activity as indicated below.

List those certified or qualified adults **you have recruited** to supervise your troop's controlled risk program activities at camp. Certification forms, photocopies of certifications, and documentation of qualification are **required** for adults in charge of these controlled risk activities. Use of these activities **will not be approved** until certification documents have been received at the Council office. Contact the troop camp registrar for lists of current Council-approved adults.

ARCHERY: *Consult Safety-Wise for ratios (Junior, Cadette & Senior Girl Scouts)*

Day of use: [ ] Saturday [ ] Sunday **Length of Time:** [ ] 1 hr [ ] 2 hrs [ ] 3 hrs	**Time scheduled: _____ to _____** Trained Adult Facilitator:	[ ] On File [ ] Pending

CHALLENGE COURSE: *(Brownie, Junior, Cadette & Senior Girl Scouts)*

Day of use: [ ] Saturday [ ] Sunday **Length of Time:** [ ] 1 hr [ ] 2 hrs [ ] 3 hrs	**Time scheduled: _____ to _____**	
Ratios: Brownies - Limited # of elements - no more than 1 hour - 2 facilitators for 1st 15 Juniors, Cadettes, Seniors - all elements available - 2 hours or more best - 1 facilitator per 15 girls	Trained Adult Facilitator: Trained Adult Facilitator:	[ ] On File [ ] Pending [ ] On File [ ] Pending

HIGH ROPES COURSE: (*Cadette & Senior Girl Scouts only)*

Day of use: [ ] Saturday [ ] Sunday **Length of Time:** [ ] 3 hours [ ] 6 hours	**Time scheduled: _____ to _____**	
Ratios: **2 facilitators minimum; 3 facilitators sugggested** Up to 8 - 10 girls - 3 hours 11 or more girls - 6 hours	Trained Adult Facilitator: Trained Adult Facilitator: Trained Adult Facilitator:	[ ] On File [ ] Pending [ ] On File [ ] Pending [ ] On File [ ] Pending

CLIMBING WALL *(Junior, Cadette & Senior Scouts only)*

Day of use: [ ] Saturday [ ] Sunday **Length of Time:** [ ] 1 hr [ ] 2 hrs [ ] 3 hrs	**Time scheduled: _____ to _____**	
Ratios: **2 facilitators minimum; up to 6 suggested** Up to 15 girls - 2 hours 16 - 20 girls - 2 to 3 hours (suggest 3 or more facilitators) More than 20 girls - 3 hours (suggest 3 or more facilitators)	Trained Adult Facilitator: Trained Adult Facilitator:	[ ] On File [ ] Pending [ ] On File [ ] Pending

SWIMMING: *(All Program Levels) Consult Safety-Wise for ratios*

Day of use: [ ] Saturday [ ] Sunday **Length of Time:** [ ] 1 hr [ ] 2 hrs [ ] 3 hrs	**Time scheduled: _____ to _____**	
Adult Watcher:	Certified Lifeguard (*Must be at least 18*):	
Adult Watcher:	CPR Adult: Assistant Certified Lifeguard (if over 25 swimmers) (*Must be at least 16*):	[ ] On File [ ] Pending [ ] On File [ ] Pending [ ] On File [ ] Pending

PADDLEBOATS: *(All Program Levels)* ***Consult Safety-Wise for ratios***

Day of use: [ ] Saturday [ ] Sunday **Length of Time:** [ ] 1 hr [ ] 2 hrs [ ] 3 hrs	**Time scheduled: _____ to _____**	
Adult Watcher:	Certified Lifeguard or Small Craft Safety:	[ ] On File [ ] Pending
Adult Watcher:	CPR Adult:	[ ] On File [ ] Pending

CANOEING/KAYAKING *(All Program Levels) Consult Safety-Wise for ratios*

Day of use: [ ] Saturday [ ] Sunday **Length of Time:** [ ] 1 hr [ ] 2 hrs [ ] 3 hrs	Fund. of Canoeing/Kayaking Cert. Adult:	[ ] On File [ ] Pending
Time scheduled: _____ to _____	Small Craft Safety:	[ ] On File [ ] Pending
Adult Watcher:	Certified Lifeguard *(not needed if Small Craft Safety):*	[ ] On File [ ] Pending
Adult Watcher:	CPR Adult:	[ ] On File [ ] Pending

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CERTIFICATION