



GSSNE CAMP SPECIALTY REQUEST

(PLEASE FILL OUT ALL PARTS)

Part 1 Troop Information (To be completed by troop leader.)

SERVICE UNIT _____
 Troop # _____ DBJCSA # of Girls _____ # of Adults _____
 Leader _____ Phone Number _____
 Address _____ Cell Number _____

 Email _____
 Second adult _____ Email _____

Overnight Use: Troop Camp Training is required. Day use: Outdoor Day Training is required.

Name of volunteer with training _____ Date _____
 Name of First Aider _____ Date _____
 Certification is from what organization? _____

Part 2 Council Reservation (To be completed by troop leader.)

BE SURE AND FILL IN SECOND CHOICE OF DATE.

Dates: 1st choice _____ Activity Time Preference: AM PM
 2nd choice _____ Activity Time Preference: AM PM

(The council will try its best to schedule the time of the activity as requested, but this is not guaranteed. See the confirmation form for the actual time which will be reserved for your group.)

CAMP: HOFFMAN COOKIE PROMISING ACRES

<input type="checkbox"/> Archery	<input type="checkbox"/> Archery	<input type="checkbox"/> Archery
<input type="checkbox"/> Waterfront	<input type="checkbox"/> Waterfront	<input type="checkbox"/> Pool
<input type="checkbox"/> Canoes, # ____	<input type="checkbox"/> Canoes, # ____	
<input type="checkbox"/> Kayaks, # ____		
<input type="checkbox"/> High Ropes		
<input type="checkbox"/> Low Ropes		

Part 3 PAYMENT

Full payment and participant count is due when the reservation is submitted. Counts can be adjusted up 30 days prior to the event; counts can be adjusted down two weeks prior to the event. After two weeks, all counts and payments are final.

If the council is unable to obtain an instructor, the troop /group will receive a full refund.

We accept Visa, MasterCard, American Express, cash or check for payment.

Enclosed: \$ _____ Credit card # _____
 Name on card _____ Exp. Date _____
 Signature _____

Official Use only
 Receipt # _____ Entered in computer _____
 Training Confirmed _____ Confirmation sent _____