



GIRL LEADERSHIP EXPERIENCE CENTER
500 GREENWICH AVENUE
WARWICK, RI 02886

RESERVATION 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 ONLY: Troop Trips II AND First Aid/CPR training is required.

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

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

BE SURE AND FILL IN SECOND CHOICE OF DATE.

Dates: 1st choice _____ Arrival Time _____ Departure Time _____
2nd choice _____ Arrival Time _____ Departure Time _____

ROOMS TO BE USED (Overnights book ALL rooms)

- Girls Lounge, Bamboo, #40 Meeting room, carpet, #60
Large Training Room # 50 Small Training Room, Glass, # 30

Girl/ Adult ration meets GSSNE standard.
List names of all participants on back of form.

Part 3 Purpose of Rental _____

\$50.00 charge for overnight: Payment is due in full when booking. (Visa, MasterCard, American Express, cash or check will be accepted in payment.)

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

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

(over)

OVERNIGHT PARTICIPANTS:

ADULTS:

1. _____
2. _____
3. _____
4. _____

GIRL SCOUTS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____