



Girl Scouts of Central Maryland

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 www.gscm.org

FOR OFFICE USE

Site Cost_____ Balance Due \$: _____
 Site _____ ID # _____

**REQUEST FOR USE OF
 COUNCIL-OWNED SITE**

COMPLETE THIS FORM (PLEASE PRESS HARD) AND MAIL ALL COPIES TO: GIRL SCOUTS OF CENTRAL MARYLAND, 4806 SETON DRIVE, BALTIMORE, MD 21215. A copy will be returned to you with your confirmation.

OVERNIGHT CAMPING/DAY USE: Applications are handled in the order in which they are received for each camping request. Each application must be accompanied payment in full. If none of the choices selected can be granted, the amount paid will be refunded. Cancellations must be made no later than FOUR weeks prior to camping date or the fee is forfeited. Refunds are given only under conditions stated in the Guide To Council Properties

Service Unit# _____ Troop/Group# _____ County _____
 Program Age Level (Circle) DA BR JR CD SR AMB ADULT [] Non-Girl Scout/out-of-council Troop/Group

Leader Name _____ E-Mail address _____

Address _____ City/State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Last Date the Troop or Group Camped _____

Adult certified in Troop or Group Camping _____ Phone# _____ Date of Certification _____

Adult certified in First Aid _____ Phone# _____ Date of Certification _____

Deposit Enclosed \$ _____

Camp	First Choice:	Second Choice:
Unit	1st Choice: _____ 2nd Choice: _____	1st Choice: _____ 2nd Choice: _____
Date	1st Choice: ____/____/____ 2nd Choice: ____/____/____	# Participating: ____ Adult Female ____ Girls ____ Adult Male ____ Boys
To Be Used For	___ Overnight Camping ___ Day Use	___ Training ___ Meeting ___ Program

I CERTIFY THAT THIS EVENT FOLLOWS GSCM POLICIES, THE SAFETY ACTIVITY CHECKPOINTS, AND VOLUNTEER ESSENTIALS.

Signature of Adult-In-Charge _____

Date: _____