



Girl Scouts Central Maryland  
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## Low Ropes Rental Request

Service Unit# \_\_\_\_\_ Troop/Group# \_\_\_\_\_ County \_\_\_\_\_

Program Grade Level (circle) BR JR CD SR AMB ADULT [ ] Non-Girl Scout/out-of-council Troop/Group

Leader Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

First Aider's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Date of Certification \_\_\_\_\_

Total # Participating: \_\_\_\_\_ # Adult Females \_\_\_\_\_ # of Girls \_\_\_\_\_ # of Adult Males \_\_\_\_\_ # of Boys \_\_\_\_\_

Location for Request Camp Conowingo

Date \_\_\_\_\_ Time (circle) 10 – 2pm 2:30 – 6:30pm

- *Low ropes is based on a cost of \$20 per person with a minimum of 10 participants. You will be charged \$200 at the time of the request. The maximum number of participants is 20 and the rental is for a four hour block.*
- If the SU/Troop is providing their own facilitator council will pay them the outlined daily facilitator rate, and they can choose to donate it back into the SU/Troop if they wish.
- Once a request has been received you will receive an email with active Outdoor Facilitators and it is your responsibility to reach out and connect with one.
- You must then email council with your facilitator copied on the email letting us know who the facilitator is, the time & location of the event, and how many people are participating.
- If more than 10 people are participating you will be charged the remaining balance at this time.
- We have a certified instructor. Please include the instructor's certification information below. (Please refer to the Low ropes [Specific Safety Activity Checkpoint](#) for further information).

The following person(s) know and agree to follow all [Safety Activity Checkpoint](#) criteria for the program activity; and have the proper, current certification or documented experience.

Instructor's Name \_\_\_\_\_

E-Mail or Phone \_\_\_\_\_

Type of Certification \_\_\_\_\_

Date of Certification \_\_\_\_\_ Age (if under 21) \_\_\_\_\_

**YOU MUST PROVIDE  
 PROOF OF CURRENT  
 CERTIFICATION OR  
 DOCUMENTED  
 EXPERIENCE WITH THIS  
 FORM TO HAVE THE  
 REQUEST PROCESSED.**

For Office Use:

Dated Equipment Given Out: \_\_\_\_\_

Date Equipment Returned: \_\_\_\_\_

Approved By: \_\_\_\_\_  
 (Outdoor Program Specialist)

Approved: \_\_\_\_\_  
 (Camp Properties/Registrar)