



Girl Scouts Central Maryland
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Rockwall 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 (circle) Camp Conowingo Camp Ilchester Camp Whippoorwill Other Location: _____

Date _____ **Time** (circle) 9 – 12pm 12 – 3pm 3 – 6 pm

- *Rockwall is \$500 with no minimum or maximum number of participants for a four hour rental block..*
- If the SU/Troop is providing their own facilitator(s) 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.
- We have a certified instructor. Please include the instructor's certification information below. (1 instructor for every side of the wall in use minimum of 2 instructors: refer to the Archery [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)